

National English Pharmacy Board meeting – 20 September 2023

OPEN BUSINESS AGENDA – 20 September 2023 at 09:00am Held at Newcastle University

Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item Chaired
Open Business commences with RPS member observers at 9.00am						
1. (9.00am)	Welcome	For discussion	Verbal	To welcome members and observers to the meeting	Tase Oputu, Chair EPB	Tase Oputu, Chair EPB
2.	Apologies	For noting	Verbal	To note apologies received:	Tase Oputu, Chair EPB	Tase Oputu, Chair EPB
3.	a. Declarations of Interest b. Board members functions and duties	For noting	23.09/EPB.03a 23.09/NPB/03b	To note declarations of interest (either standing interests or interests specific to this meeting) and to note Board members functions and duties	Tase Oputu, Chair EPB	Tase Oputu, Chair EPB

4. (--.--am)	Minutes and matters arising	For decision	23.09/NPB/04 23.09/EPB/04(a) and (b)	To approve minutes from the open business of NPB meeting on 21 June 2023 and to discuss the matters arising from these minutes EPB open business minutes for 20 and 21 June 2023.	Tase Oputu, Chair EPB	Tase Oputu, Chair EPB
5. (9.20am)	Professional Leadership	For discussion	Verbal	To receive an update the future of Professional Leadership	Paul Bennett (CEO) and Claire Anderson (President)	Tase Oputu, Chair EPB
6. (9.35-am)	Membership	For noting	Verbal	To give an update on membership	Neal Patel, Associate Director, PMED	Tase Oputu, Chair EPB
7 (9.50 am)	Pharmacy Manifesto	For Discussion	23.09.NPB.07	To discuss the items for inclusion into the Pharmacy Manifesto 2024	James Davies, Director for England/ John Lunny, Public Affairs Lead for England	Tase Oputu, Chair EPB

8.(10.20am	PGDs for Technicians	For discussion	23.09.NPB.08	To reach a consensus view on the expected consultation	James Davies/Heidi Wright	Tase Oputu, Chair EPB
Coffee Break 10.40 – 10.50						
9 (10.50	Update on the Vision for Pharmacy Practice in England	For discussion	Presentation	To discuss progress to date on the vision and future work on implementation	James Davies, Director for England	Tase Oputu, Chair EPB
10 (11.20)	2024 Planning for EPB	For discussion	23.09.EPB.10	To discuss some of the main areas of focus into 2024	James Davies. Director for England	Tase Oputu, Chair EPB
11. (12.00)	New Engagement Model	For discussion	Verbal	To discuss the new engagement model	James Davies, Director for England	Tase Oputu, Chair EPB
Lunch 12.30 – 13.30pm						
12 (13.30)	Pharmacist Prescribing	For discussion	Presentation	An update on the work RPS has been doing on IP with a particular focus on <ul style="list-style-type: none"> DPP provision 	Heidi Wright, Policy Lead for England	Tase Oputu, Chair EPB

				<ul style="list-style-type: none"> Separation of functions 		
13 (14.00)	Papers for noting	For noting	23.09.NPB.13 (i),(ii), (iii), (iv), (v), (vi), (vii), (viii), (ix)	<ul style="list-style-type: none"> i. Science & Research update ii. Education update iii. Policy and consultations iv. Public Affairs v. Sustainability vi. Pharma-cogenomics vii. Inclusion & Diversity viii. Workforce wellbeing ix. Marie Curie Daffodil Standards 	Tase Oputu, Chair EPB	Tase Oputu, Chair EPB
14. (14.0)	Any other open business	For noting/discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised	Tase Oputu, Chair EPB	Tase Oputu, Chair EPB

				under Any other Business.		
15 (14.15)	Dates of next meeting	For noting		Dates of next joint meeting is 9 November, face to face in London office (day before RPS Conference). Meeting dates for 2024 still to be agreed.	Tase Oputu, Chair EPB	Tase Oputu, Chair EPB
Close of Open Business at 14.15 RPS members will be asked to leave for the confidential session.						
EPB Pharmacy Board Confidential Business Session commences at 14.20						
1C 14.20)	Welcome and apologies	For discussion	Verbal	To welcome members and observers to the meeting	Tase Oputu, Chair EPB	Tase Oputu, Chair EPB
2C	Minutes and matters arising	For approval	23.09/NPB/02C 23.09/EPB/02C	To approve minutes from the confidential business of NPB meeting on 21 June 2023 and to discuss matters arising from these minutes	Tase Oputu, Chair EPB	Tase Oputu, Chair EPB

				EPB Board minutes		
3C (14.30)	Membership	For noting and discussion	23/09/EPB/ 03C	To note and discuss the membership Report	Neal Patel, Associate Director, PMED	Tase Oputu, Chair EPB
4C (14.45)	The future of Professional Leadership	For Discussion	Verbal	To receive a confidential update on the future of Professional Leadership	Paul Bennett, CEO/Claire Anderson, President	Tase Oputu, Chair EPB
5C (15.15pm)	Any other confidential business	For noting and discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	Tase Oputu, Chair EPB	Tase Oputu, Chair EPB

15.30pm Close of EPB Confidential Business

English Pharmacy Board

Declaration of Interests

Adebayo Adegbite

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife - Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity
- NPUK member
- FIP member

Claire Anderson

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association

Danny Bartlett

- Lead Pharmacist, Horsham Central PCN (Alliance for better care federation)
- Senior Lecturer Medicines Use, University of Brighton
- Coach for Sussex Training Hub
- Member PCPA
- HEE Interprofessional and Education Fellow
- Contributor Pharmaceutical Journal
- Contributor Chemist & Druggist
- Clinical contributor Clinical Pharmacist Solutions
- Adhoc guest clinical speaker CPPE, Bayer, HEE (GP training)
- Member PDA
- Adhoc consultancy and clinical services

Emma Boxer

- Employed full time as senior lecturer in clinical pharmacy practice at the university of Sunderland

OPEN and CONFIDENTIAL BUSINESS

- Rheumatology pharmacist, Sunderland Royal hospital (one day per week - not paid by the hospital for this - on an honorary contract)

Sharon “Sibby” Buckle

- Advanced Pharmacist Practitioner, Boots UK
- Boots Pharmacists Association, Executive Board member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Nottinghamshire ICS partnership forum member
- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
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- Both daughters, Junior Doctors
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

Ciara Marie Duffy

- Quality Manager/Qualified Person at Novartis
- Directorship - Duffy Quality Pharma Consulting
- Sister – National Lead Pharmacist Interface
- Sister – HSE Pharmacist
- Brother in law – Regulatory Pharmacist Uniphar

Thorrún Govind

- Healthcare Advisory Solicitor- Hempsons
- Locum Pharmacist-various pharmacies
- Pharmthorrún Ltd
- Pharmacist – Boots
- ProperG Ltd
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media - press/tv
- Consultancy work with companies eg Haleon
- Commonwealth Pharmacy Association- Representative for RPharms
- Member of the Law Society
- Adviser at iEthico

OPEN and CONFIDENTIAL BUSINESS

Brendon Jiang

- Senior Clinical Pharmacist, NORA PCN
- Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS
- Medicines and Prescribing Associate, NICE
- Committee member of the Primary Care Pharmacy Association
- Member of the Guild of Healthcare Pharmacists
- Superintendent pharmacist of Wychwood Pharmacy.
- Consultancy on pharmacy development– Oxfordshire Training Hub.
- Member Unite Union
- Consultancy work for Haleon

Alisdair Jones

- Employee of Kent Community Health NHS Foundation Trust
- Locum Pharmacist (Various)
- Treasurer, PDA Union
- Member, PCPA
- Partner works for Kent & Medway NHS Partnership Trust

Sarwat (Sorbi) Khattak

- Sister - Doctor - Obstetrics and gynecology SpR, PhD
- Sister - Doctor - Cardiology SpR
- Brother in Law - Anesthetics SpR
- Brother in Law - GP & Sports Medicine SpR
- Ambassador - Business & Dreams UK/Sweden
- Hourly-paid teaching fellow - University of Portsmouth
- Early careers group advisor - University College London
- Skincare scientists - co-founder (blog and non-profit consultancy)
- Limited company locum/aesthetic pharmacist director - Sorbi London Ltd
- BySorbiClinic - aesthetic pharmacist clinic (future business under Sorbi London Ltd)
- NovaTalent - Member
- Ad-hoc consultancy
- Mentor - Girls' Day School Trust (GDST)
- Personal Blog(s) - ad-hoc (partnerships and non-profit)

Michael Maguire

- Local Professional Network Chair, North Cumbria and the North East, NHS E/I

OPEN and CONFIDENTIAL BUSINESS

- Chair, National Forum of Local Professional Network Chairs, NHS E/I
- UK Head of Practitioners, Lifestyle Architecture
- Director, The Practical Leadership Training Company Ltd
- Director, CPCS Support Ltd
- Chairs various healthcare meetings (sometimes remunerated by Pharma companies)"
- various ad-hoc consultancy'

Ewan Maule

- Member of the Guild of Healthcare Pharmacists
- North East and North Cumbria NHS Integrated Care Board

Erutase Oputu

- NHS Kent & Medway ICB Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of the Guild of Healthcare Pharmacists
- Pharmacy Research UK Trustee
- Knockholt Mansions Residents' Trustee
- Member of Inclusive Pharmacy Practice Advisory Board, NHS England
- Brother works at Astra Zeneca PLC

Paul Summerfield

- Self Employed Locum Pharmacist, Sole Trader
- Visiting Lecturer, Self Employed, University of Reading
- Director, Pharmaceutical Defence Ltd, sole share holder
- Partner, Schedule Four Consultancy LLP
- Paid Member, The Pharmacist Cooperative
- Member, Industry Advisory Panel, The Pharmacy Innovation Lab

National Pharmacy Board meeting – 20 September 2023

Title of item	Powers, Duties and Functions of the National Pharmacy Boards
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager, England 0207 572 2208 Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Chairs
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Powers, Duties and Functions of the National Pharmacy Boards as taken from the RPS Regulations

Please note below the Powers, functions and duties of the Boards as taken from the RPS Regulations.

7.2 Powers and functions of the Boards

Subject to the Charter, any directions of the Assembly, and the provisions of any enactment, the Boards shall, within the relevant country, have the functions of:

- informing the Assembly on likely developments affecting pharmacy for the purpose of developing the Society's strategy
- providing strategic leadership, advocacy and support for pharmacy practice development
- leading the implementation of the Society's strategy by developing and implementing associated policies in the individual countries
- promoting the science and practice of pharmacy and its contribution to health
- providing professional advice to government and its agencies, NHS bodies, and other health and social care organisations
- guiding and supporting the Society's local organisations in the individual countries
- supporting pharmacists in their professional roles
- maintaining an overview of current and possible future developments impacting upon the science and practice of pharmacy in the individual countries
- setting policy and objectives for the individual countries within the overall strategy and ask the National Director to implement them
- agreeing policy positions, commissioning work as appropriate
- agreeing objectives for programmes of professional support of pharmacy to be delivered at a national level and at GB level on behalf of other National Boards
- overseeing the local engagement mechanisms within the relevant country
- may also itself establish limited lifetime working groups within existing budgets as required to deal with specific issues

Policy making at the national level is the responsibility of the individual National Pharmacy Boards who shall be accountable to the Assembly. No Board policy should be contrary to any overarching GB-wide policy. The Boards lead the agenda for the profession at a national level and are able to focus on the issues that matter to members in each of the countries. The Boards have responsibility for interpreting and developing policy and for overseeing the delivery of members services locally.

The Boards shall have no formal role in the operational matters of the Society, which are the remit of the Executive team.

The Boards shall be supported by the administrative services of the Society and shall have no power to incur expenditure, employ staff or enter into contracts.

7.4 National Pharmacy Board Members

7.4.1 Duties

Members elected to the National Pharmacy Boards are expected to provide advocacy, support and strategic leadership for pharmacy practice development, to promote the science and practice of pharmacy and its contribution to health and support pharmacists in their professional roles.

For the avoidance of any doubt, National Board members are not an employee or worker of the Society or any of its Group Companies or joint venture companies.

Duties include but are not limited to:

- representing the views of the Board to other bodies within the Society and in external forums
- attending regional meetings as and when required and be active in local and other professional networks
- marketing the Society to members and to potential new members
- participating in virtual communications
- providing professional advice to government and its agencies, NHS bodies and other health and social care organisations
- providing regular reports on meetings attended on behalf of the Board
- monitoring delivery of strategy
- acting as ambassadors and representatives of the profession
- providing a loud, motivating direction for the profession
- keeping cognisant of the financial aspects of the Board

NATIONAL PHARMACY BOARDS' MEETING

Minutes of the National Pharmacy Board's Open Business meeting held on Wednesday 21 June 2023, at:

- 66-68 East Smithfield, London, E1W 1AW
- 44 Melville Street, Edinburgh, EH3 7HF
- 2 Ash Tree Court, Cardiff Business Park, Cardiff CF23 8RW

and by Teams:

Present:

English Pharmacy Board (EPB)

Thorrhun Govind (TG), Adebayo Adegbite (AA), Claire Anderson (CA), Danny Bartlett (DB), Emma Boxer (EM) (on Teams), Sharon (Sibby) Buckle (SB), Ciara Duffy (CD), Brendon Jiang (BJ), Alisdair Jones (AJ), Sarwat (Sorbi) Khattak (SK), Michael Maguire (MM), Erutase (Tase) Oputu (TO) and Paul Summerfield (PS)

Scottish Pharmacy Board (SPB)

Andrew Carruthers (AC) Chair, Catriona Sinclair (CS) Vice Chair, Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), Kelsey Drummond (KS), Richard Shearer (RS), Jacqueline Sneddon (JS), Jill Swan (JS) and Audrey Thompson (AT).

Welsh Pharmacy Board (WPB)

Geraldine Mccaffrey (GM) Chair, Cheryl Way (ChW) Vice Chair, Richard Evans (RE), Gareth Hughes (GH), Liz Hallett (LH), Rhian Lloyd-Evans (RE), Dylan Jones (DJ), Lowri Puw (LP), Rafia Jamil (RJ), Jodie Gwenter (JG) and Helen Davies (HD).

Observers:

There were -- RPS Member observers.

Emeka Onwudiwe - BPSA incoming Treasurer

RPS Staff

Paul Bennett (PB) Chief Executive, Jenny Allen (JA) CPhO Clinical Fellow, England, Ross Barrow (RB) Head of External Affairs, Scotland, Avril Chester (AC) Chief Technology Officer, James Davies (JD), Director for England, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging, Iwan Hughes (IH) Public Affairs and Policy Executive, Wales. Elen Jones (EJ) Director for Wales, Alwyn Fortune (AF) Policy and Engagement Lead, Wales, John Lunny (JL) Public Affairs Lead, England, Carolyn Rattray (CR) Business Manager, Scotland, Wing Tang (WT) Head of Support, Cath Ward (CW) Business Manager, Wales and Laura Wilson (LW), Director for Scotland.

23/06/01.	<p>Welcome and introductions. Chair: Andrew Carruthers (AC), SPB Chair. Led by: SPB Chair</p> <p>The Chair welcomed new board members and thanked the outgoing Chairs Cheryl Way from the WPB and Thorrún Govind from the EPB. Congratulations were given to the incoming Chairs Erutase (Tase) Oputu EPB, and Geraldine McCaffrey WPB.</p>	
23/06/02.	<p>Apologies. Chair: SPB Chair Led by: SPB Chair</p> <p>English Pharmacy Board (EPB): Michael Maguire (MM) Scottish Pharmacy Board (SPB): Tamara Cairney (TC) Catriona Sinclair (CS) Lola Dabiri (LD)</p> <p>Welsh Pharmacy Board (WPB): None</p>	
23/06/03(a)	<p>Declarations of interest (Papers 23.06/EPB/03a, 23.06/SPB/03a & 23.06/WPB/03a). Chair: SPB Chair. Led by: SPB Chair Board members were asked to let country teams have any updates.</p> <p>SPB -Josh Miller's decs of interest to include Chair of the NHS GGC Area Pharmaceutical Committee</p>	

	WPB – Richard Evans decs of interest to include Member of PDA Union - Wales and the West Regional Committee and Chair of Llangele Community Council	
23/06/03(b).	<p>Powers, Duties and Functions of the National Pharmacy Boards (Paper: 23.06/NPB/03b) Chair: SPB Chair Led by: SPB Chair</p> <p>The National Pharmacy Boards</p> <p>noted</p> <p>the Powers, Duties and Functions of the National Pharmacy Boards (Paper: 23.06/NPB/03b).</p>	
23/06/04.	<p>Minutes of the NPB Open Business meeting held on 8 February 2023 and matters arising (Paper: 23.06/NPB/04). Chair: SPB Chair. Led by: SPB Chair</p> <p>The National Pharmacy Boards</p> <p>accepted as a true and accurate record.</p> <p>the minutes of the formal National Pharmacy Board open business meeting held on 8 February 2023.</p> <p>approved by: Audrey Thompson and seconded by: Geraldine McCaffrey.</p> <p>Matters arising.</p> <p>Declarations of interest to be amended item closed.</p>	

23/06/05.	<p>Political engagement across the nations Chair: SPB Chair. Led by: PA Leads Item led by three nations reflecting the devolved nature of the business and GB influences.</p> <p>RB, IH and JL provided a background view of the political engagement across the nations as follows: -</p> <p>Devolution and Funding Model</p> <ul style="list-style-type: none"> - Welsh Senedd was created in 1998, Scottish Parliament was created in 1999. - Both are devolved parliaments and they are responsible for spending on public services in their nations including the NHS and healthcare. - Prior to 1979, funding for Scotland, Wales and Northern Ireland was settled by negotiation on much the same basis as other Government departments. - Annually, Wales and Scotland receive a block grant from UK Government, and the Barnett formula determines the value of the grant. - This means that if UK Government make a spending change in England to an area which is partially or fully devolved, the block grant for Scotland and Wales will change. - In addition to this, both Senedd and Scottish Parliament have tax varying powers. <p>Elections</p> <ul style="list-style-type: none"> - Each of the Parliaments has their own electoral cycle. This impacts RPS and our lobbying activity as we will produce manifestos and policy asks at different stages across GB to reflect the cycles. <p>Different political structures three different country boards</p> <ul style="list-style-type: none"> - Each of the nations has a separate political system which governs NHS and healthcare structures. For this reason, separate health structures are in place and continue to develop. - This would be too much for one team to cover which is why we have three country teams to keep an eye on all of this. 	

	<ul style="list-style-type: none">- There are big differences in stakeholders, requests of RPS to attend meetings or respond to consultations and ways of achieving public affairs objectives through Parliaments and NHS Trusts/Boards (at operational level). <p>Important Policy Differences noted as:-</p> <ul style="list-style-type: none">- Pharmacy contracts- Prescription Charges- Independent Prescribing training- pharmacy workforce planning- Different legal systems <p>internal markets within NHS</p> <p>Divergence between countries</p> <ul style="list-style-type: none">- There are country specific issues, but we work together as one team on things such as patient records, we learn and share from different countries. <p>Questions raised from the boards included: -</p> <ul style="list-style-type: none">- Are there adequate resources within the England team to have the ability to be agile and act swiftly to respond on a GB level. The NPB noted that staff resources are determined within those structures and work is prioritised accordingly. The NPB also noted that Public Affairs and Policy leads work together and with one person generally taking a lead. All GB work is dealt with within the pooled expertise that we have across the three nations.- Is there engagement with all members of parliament, presume that adequate work goes into lobbying the opposition too –The NPB noted that Parliamentary Questions are asked by the people who chair the cross-party groups, on an issue-by-issue basis. The MSP survey in Scotland is held to check the engagement, generally the level of engagement in Scotland is good.- In Wales the team look ahead to see who the minority coalition party may be.- There is a need to engage not just about Pharmacy – eg women’s health, and this has proven useful, leading to a greater influence and leverage with certain topics. In addition, the parliamentary receptions etc do very well.	
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<p>23/06/06.</p>	<p>Professional Leadership Chair: EPB Chair. Led by: Claire Anderson (CA) RPS President and Paul Bennett (PB), RPS CEO</p> <p>CA advised that regular meetings had been held with Professional Leadership Bodies (PLB) to progress the agenda and a meeting is scheduled with the Chief Pharmaceutical Officers on 24th July, when further updates will be provided.</p> <p>PB reiterated that constructive meetings with PLBs have been held and there is a great sense of unity of thought and purpose to work collaboratively and to embrace the work of the commission to enhance patient care.</p> <p>We are awaiting further details on the progress of the appointment of the Chair of the Council.</p> <p>PB said there was a positive spirit of engagement with the Specialist Professional Groups too.</p>	
<p>23/06/07.</p>	<p>Membership Chair: Geraldine McCaffrey, WPB Chair. Led by: Neal Patel (NP), Associate Director, PMED</p> <p>Independent Prescribing NP informed NPB that RPS has been considering the impact of all newly qualified pharmacists being prescribers in 2026, and how the membership offer needs to change. This work includes the products and services we offer, how they are provided as well as how they are marketed. Work in this half of the year will focus on building a new portfolio of products and services which better match the needs of prescribing pharmacists.</p> <p>It was highlighted that not all members were prescribers and therefore how will membership be driven for this cohort of members. NP responded that plans have not yet been developed for this cohort.</p> <p>Membership</p>	

NP advised NPB that member recruitment is lower than last year and total Members are lower year on year. He also reported that retention of existing and recruitment of new RPS members remains a challenge, with cost-of-living pressures being quoted as the main reason why any discretionary spend is significantly reduced. Work continues to improve the value offered to members and non-members both now and in the future.

NP sought comments and questions from NPB board (IP related)

- In Scotland in primary care 78% of pharmacists are already IPs
- How advanced are we with expanding scope of practice as we want to get this right.
- EJ advised that there was previously a short-life working group set up to support this work, comprised of all three boards, priority areas were identified. Work on extending scope of practice was progressed and guidance developed, with funding from Welsh Government. It was suggested that another short-life working group of board members should be re-introduced to help prioritise further activity for the prescribing workstream.
- There is an opportunity to influence what the service provision may look like, we should be involved as an organisation, to influence the provision of training for undergraduates.
- Question was raised about whether credentialling be used rather than a university training course for experienced pharmacists
- There is a need to support all pharmacists, whatever their career stage or level of practice. Also, consideration needs to be given to non-patient facing pharmacists, who are not directly affected by IP, and what are the opportunities in the different sectors?
- The profession needs guidance on DMP/DPP as the process is still very ad hoc. Pharmacists currently have difficulty in finding direct support.
- Is the current system of supervision fit for purpose, what would we like to change?
- There is a need to consider what the DPP does in relation to signing off on clinical skills.

NP concluded asking the boards to reflect. This area of work is fast paced, and other professions are looking to us.

	<p>Action 1 - Set up a board working group to further help and guide our policy work and direction of travel in Independent Prescribing– take this action through the Policy and Stakeholder Group</p>	
23/06/08.	<p>Papers for noting (Papers: 23.06/NPB/08 (i) to (ix)) Chair: SPB Chair Led by: SPB Chair</p> <p>The following papers were noted by all board members:</p> <ul style="list-style-type: none"> i. Science and Research update ii. Education update iii. Policy and consultations iv. Public Affairs v. Sustainability vi. Pharmacogenomics vii. Inclusion & Diversity viii. Workforce wellbeing ix. Marie Curie Daffodil Standards 	
20/06/09.	<p>Any other Open business Chair: SPB Chair, Led by: SPB Chair</p> <p>Karen Baxter gave a presentation on the PhP rebrand and how it aligns to the RPS's look and feel.</p>	
21/02/10.	<p>Dates of next NPB meetings 20th Sep and 9th Nov</p>	

The meeting closed at: 11 am

Action List

Action No	Action	By whom	Open/Close/Comment
23/06/07	Action 1 - Set up a board working group to further help and guide our policy work and direction of travel in independent prescribing– take this action through the Policy and Stakeholder Group	Country Directors	Open

Unapproved

ENGLISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Tuesday 20 June at 11.00 at The Royal Pharmaceutical Society, 66 East Smithfield, London E1W 1AW and on Teams

Present:

English Pharmacy Board

Thorrund Govind (TG) Adebayo Adegbite (AA), Claire Anderson (CA), Danny Bartlett (DB), Emma Boxer (EM) (joined by Teams), Sibby Buckle (SB), Ciara Duffy (CD), Brendon Jiang (BJ), Alisdair Jones (AJ), Sarwat (Sorbi) Khattak (SK), Ewan Maule (EM) Erutase (Tase) Oputu (TO)(joined by Teams), Paul Summerfield (PS)

In attendance:

RPS Staff

Paul Bennett (PB) Chief Executive, Jenny Allen (JA) CPhO Fellow to the RPS, James Davies, Director for England, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging; Alison Douglas (AD) Governance Manager, John Lunny (JL), Public Affairs Lead England, Heidi Wright, Practice and Policy Lead for England

In Attendance

2 x RPS member observers (by Teams)

Apologies

Michael Maguire (MM),

23.06.EPB.01	Welcome and Apologies	
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	JD welcomed board members, staff, invited guests and observers to the meeting. He gave a warm welcome to the two new board members DB and SK.					
23.06.EPB.02	Declarations of Interest The EPB noted paper 23.02.EPB.02 (an updated version was circulated in advance of this meeting)					
23.06.EPB.03	<p>Election of Chair</p> <p>James Davies took the chair for this item and informed those present of the procedure that would be followed for the voting. Alison Douglas (Governance Manager) was present to oversee the voting process.</p> <p>James informed the Board that two nominations had been received for the position of Chair after following due process as set out in (Amended) Appendix E of the Regulations, calling for nominations in advance of the meeting. A proxy vote was submitted by Tase Oputu in adherence with the (Amended) Appendix E of the Regulations. The following nominations were received:-</p> <table style="margin-left: 40px;"> <tr> <td style="padding-right: 20px;">Tase Oputu</td> <td>Nominated by Adebayo Adegbite Seconded by Alisdair Jones</td> </tr> <tr> <td>Brendon Jiang</td> <td>Nominated by Adebayo Adegbite Seconded by Ewan Maule</td> </tr> </table> <p>Both candidates accepted their nomination and agreed their declarations of interest as per updated paper 23.06.EPB.02. Voting then took place as per (Amended) Appendix E of the Regulations.</p> <p>The candidate who received the majority of votes and will become Chair is Tase Oputu. The name of the Chair will be published after the meeting.</p> <p>The Chair's written address is attached as Appendix A.</p>	Tase Oputu	Nominated by Adebayo Adegbite Seconded by Alisdair Jones	Brendon Jiang	Nominated by Adebayo Adegbite Seconded by Ewan Maule	
Tase Oputu	Nominated by Adebayo Adegbite Seconded by Alisdair Jones					
Brendon Jiang	Nominated by Adebayo Adegbite Seconded by Ewan Maule					

	<p>The new Chair, Tase Oputu, thanked board members for their support and entrusting her with the role of Chair, Tase said she will work hard to deliver on the Vision for Pharmacy Practice in England and that she thought the future will be a turbulent and challenging time in the history of the RPS.</p> <p>A short break was given before the election of the Vice Chair.</p> <p>Tase Oputu took the Chair but explained that as she had joined the meeting remotely by Teams she would hand over the Chair to the Director for England, James Davies, for the remainder of the meeting.</p>	
23.06.EPB.04	<p>Election of Vice Chair</p> <p>The Chair explained the process for the nomination of Vice-Chair in accordance with (Amended) Appendix E of the Regulations and informed the Board that no nominations for Vice Chair had been received, but in accordance with the (Amended) Regulations Appendix E unsuccessful candidates standing for Chair are automatically eligible to stand for Vice Chair.</p> <p>JD asked Brendon Jiang if he would like to serve as Vice Chair. Brendon Jiang confirmed he would like to accept the position of Vice Chair.</p> <p>The Chair asked the board members to affirm Brendon Jiang as Vice Chair. The Board members affirmed this appointment. The name of the Vice Chair will be published after the meeting.</p> <p>Brendon said he was delighted to receive affirmation from the Board for the role of Vice Chair and was delighted to serve alongside Tase. He said he had a desire to drive the vision working collaboratively with others. He thanked the Board for their vote of confidence.</p>	
23.06.EPB.05	<p>Appointment of Four English Pharmacy Board members to the Assembly</p> <p>JD took the chair for this item.</p>	

	<p>The EPB noted paper 23.06.EPB.05 circulated in advance of the meeting.</p> <p>The nominations were called in accordance with (Amended) Appendix C of the Regulations. The six nominations below were received in advance of the meeting. As Tase Oputu and Brendon Jiang are now the Chair and Vice Chair this leaves four nominations for four places on the Assembly, therefore no ballot was required.</p> <table border="0"> <thead> <tr> <th>Nominee</th> <th>Proposer</th> <th>Secunder</th> </tr> </thead> <tbody> <tr> <td>Thorrhun Govind</td> <td>Alisdair Jones</td> <td>Adebayo Adegbite</td> </tr> <tr> <td>Alisdair Jones</td> <td>Tase Oputu</td> <td>Thorrhun Govind</td> </tr> <tr> <td>Sarwat (Sorbi) Khattak</td> <td>Adebayo Adegbite</td> <td>Tase Oputu</td> </tr> <tr> <td>Ciara Duffy</td> <td>Self nominate</td> <td>Brendon Jiang</td> </tr> <tr> <td>Tase Oputu</td> <td>Self nominate</td> <td>Alistair Jones</td> </tr> <tr> <td>Brendon Jian</td> <td>Self nominate</td> <td>Ciara Duffy</td> </tr> </tbody> </table> <p>JD asked the nominees to declare any interests that vary from the updated paper 23.06.EPB.02 circulated before the meeting. No updates to declarations of interest were given. JD invited the nominees to make a short supporting speech. Each nominee gave a short speech.</p> <p>JD asked the EPB to affirm the appointment of the following four members of the English Pharmacy Board to the Assembly for a term of office of two years providing they remain an elected member of the English Pharmacy Board:-</p> <p>Thorrhun Govind, Alisdair Jones, Sarwat (Sorbi) Khattak and Ciara Duffy.</p> <p>The English Pharmacy Board affirmed the appointment of the four Assembly members. Their names will be published after the meeting.</p>	Nominee	Proposer	Secunder	Thorrhun Govind	Alisdair Jones	Adebayo Adegbite	Alisdair Jones	Tase Oputu	Thorrhun Govind	Sarwat (Sorbi) Khattak	Adebayo Adegbite	Tase Oputu	Ciara Duffy	Self nominate	Brendon Jiang	Tase Oputu	Self nominate	Alistair Jones	Brendon Jian	Self nominate	Ciara Duffy	
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Brendon Jian	Self nominate	Ciara Duffy																					
<p>23.06.EPB.06</p>	<p>Statutory Item: Can the EPB continue to properly fulfil its duties without the need for sectoral places?</p> <p>The Chair introduced this item.</p>																						

	<p>The English Pharmacy Board noted paper 23.06.EPB.06 and appendix.</p> <p>There was some discussion about this item. The Board agreed that the English Pharmacy Board can continue to properly fulfil its duties without the need for sectoral places.</p> <p>Action 1: The EPB suggested that all three boards should have this statutory agenda item on their agendas for discussion at the June meetings. It was suggested that this be taken to the Assembly for debate.</p>	
23.06.EPB.07	<p>Dates of next NPB/EPB meetings:</p> <p>20 September – zoom meeting 9th November – face to face in London (day before RPS conference)</p>	
23.06.EPB.08	Close of meeting at 11.40am	

Action List

Item	Action	By Whom	Open/Closed/Comments
23.06.EPB.06	Action 1: Statutory Item – sectoral places: The EPB suggested that all three boards should have this statutory agenda item on their agendas for discussion at the June meetings. It was suggested that this be taken to the Assembly for debate.	YD to inform AD	Open

Appendix A**English Pharmacy Board -Nomination statement for position of Chair -June 2023
Erutase (Tase) Oputu**

The three pillars on which I am putting myself forward for Chair of the EPB are Collaboration, Connection and Allyship. I believe these three areas will be crucial to how the English Pharmacy Board navigates its way through a pivotal moment in the history of the pharmacy profession. I believe I have the right set of skills and experience to take us through a unique period- seeing momentous changes in pharmacy leadership and our healthcare landscape in England.

Collaboration

The formation of integrated care systems has brought sectors of practice together, we now exist in a world where collaboration is fundamental to everything we do. Our members work seamlessly across traditional boundaries. Our 'one pharmacy' is a rich tapestry of interwoven skills delivering high quality care for our patients. The Vision for Pharmacy Professional Practice highlights the opportunities to make huge differences to patient care and cement the recognition, respect and value we bring.

My experience as a hospital pharmacy manager has given me insight in multi-disciplinary working at local, regional and national levels. I have developed strategy for pharmacy technician led medicines management services. chaired numerous senior level governance and medicines optimisation committees. In addition as former school governor I was Chair of the Finance & Personnel committee and the Teaching & Learning standards committee. I am skilled at effectively bringing people together to work towards a vision.

My intention as Chair will be to ensure that our elected members are seen and heard. Each was elected with a mandate to do their best for the profession and my aim will be to collaborate closely to amplify their voices and ensure that the sum is greater than the parts.

In addition I want to work closely with our executive team to deliver on the work to make our 'Vision' a reality. The need for this was loud and clear throughout the development of the Vision and it is crucial we take this through at pace. I believe I can keep the focus and provide clarity through the inevitable turbulence that is approaching (via CPhO commission).

Connection

Now more than ever our members and future members want to see us connected and engaged to what they are experiencing. To be loud advocates, to deliver the support and generate guidance they need to be the best and achieve their full potential in their chosen career.

If elected as Chair I will implement post Board meeting communication by our elected members via social media posts in order to connect with the profession and beyond. For me it is important that members and potential members can see the good work being done by the Board and the RPS.

If elected I will be looking to engage with the BPSA in order to connect with pharmacy students so they can understand the significance of membership of the RPS in their early careers.

If elected I will also pursue much needed Board development workshops to be integral in our workplan so that in all areas, we as a Board can work effectively together. To be able to comfortably challenge, support each other and garner the best from such a rich array of expertise. I will be looking to see how we can ensure the time we spend together is used in the most efficient way possible to get our important work done and give the best possible direction to the executive teams.

Allyship

England is our most diverse country and therefore so are our members and patients we serve. It almost goes without saying that inclusion, diversity and allyship are core to my personal values. I have been an advocate on I&D in particular racial equality for many years. I have chaired staff BME networks in the organisations I work in. I am on the Inclusive Pharmacy Practice Advisory Board. I am part of the government Inspiring the Future initiative regularly visiting local schools to talk about Pharmacy as a profession.

I am proud of the national I&D work the RPS has undertaken over the past few years. There is still so much more that needs to be done to ensure our policy making at country level is viewed with an eye for inclusion and the confidence to address issues of inequality. To drive the progress we need a Board who will stand collectively as an 'Ally to All'. If elected I will pursue as a priority cultural competency training for all Board members and for it to be refreshed as mandatory annually. This in turn will reap dividends for future policy making.

Finally I would like to outline that as a person I am authentic, values driven, open minded and collegiate in my approach. I listen and understand different perspectives and make my decisions carefully. I take a measured, balanced view. I provide constructive challenge where necessary. I am calm and confident to hold my own in difficult situations and I always do so with compassion, dignity and respect for my colleagues.

If elected I will be representing the EPB voice on the Assembly at a time when the next steps for the CPhO Commission will be ongoing. There will be hard decisions to be made however I am confident in facing the challenging and turbulent times ahead and will represent the views of the EPB and work collaboratively with our counterparts in Scotland and Wales.

It has been an honour over the past 2 years to have been involved in the work of the RPS. I am passionate about the difference we as a profession make to people's lives. I care deeply about what we as the EPB can do to make a positive difference for our fellow Pharmacy professionals in England. I hope that as Chair I will be able to do even more.

Unapproved

ENGLISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday 21 June at 13.50pm at The Royal Pharmaceutical Society, 66 East Smithfield, London E1W 1AW and on Teams

Present:

English Pharmacy Board

Erutase (Tase) Oputu (TO) (Chair), Brendon Jiang (BJ)(Vice Chair), Adebayo Adegbite (AA), Claire Anderson (CA), Danny Bartlett(DB), Sibby Buckle (SB), Ciara Duffy (CD), Thorrun Govind (TG), Alisdair Jones (AJ), Sarwat (Sorbi) Khattak (SK), Ewan Maule (EM), Paul Summerfield (PS)

In attendance:

RPS Staff

Paul Bennett (PB) Chief Executive, Jenny Allen (JA) CPhO Fellow to the RPS, James Davies, Director for England, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging; Alison Douglas (AD) Governance Manager, John Lunny (JL), Public Affairs Lead England, Heidi Wright, Practice and Policy Lead for England

In Attendance

2 x RPS member observers (by Teams)
Emeka Onwudiwe - BPSA incoming Treasurer

Apologies

Michael Maguire (MM),
Emma Boxer (EM)

23.06.EPB.01	<p>Welcome and Apologies</p> <p>The Chair welcomed board members, staff, invited guests and observers to the meeting. He gave a warm welcome to the two new board members DB and SK.</p>	
23.06.EPB.02	<p>Apologies</p> <p>Apologies were received from Michael Maguire and Emma Boxer</p>	
23.06.EPB.03	<p>Declarations of Interest</p> <p>The EPB noted paper 23.06.EPB.03 (an updated version was circulated in advance of this meeting). Alisdair Jones declared an interest for Item 05 – Advanced Clinical Checks – re PDA</p>	
23.06.EPB.04	<p>Minutes and matters arising</p> <p>The minutes of the meeting held on 8 February 2023 were accepted as a true and accurate record. They were approved by Paul Summerfield and seconded by Claire Anderson</p> <p>Actions 2 and 4 of 23.02.EPB.06 – remain open</p>	
23.06.EPB.05	<p>Advanced Clinical Checks</p> <p>EPB members noted paper 23.06.EPB.05</p> <p>HW introduced this item saying that there were calls on GPhC, PSNI and RPS to enforce and strengthen guidance on this issue.</p> <p>A meeting has been set up with the PDA, GPhC and PSNI and it would be helpful to go to the meeting with an RPS position.</p> <p>Sibby Buckle declared an interest as her employer requests that advanced clinical checks are done in relation to care homes.</p>	

Some of the comments made by EPB included:-

- Concerned that additional clinical checks do not take place in some situations – good practice example – supply up to 3 months and have 6 – 12 month reviews
- There is a difference between prescriber behaviour that needs to be considered
- Changes in clinical conditions are always going to be an issue if checked 6 months in advance, need to ensure checks if there are changes.
- With electronic repeat prescriptions for blister pack medication – sometimes the changes are not communicated to the pharmacy and there can also be additional scripts from hospital – these need to be considered.
- How do you deal with change if clinical checks are done so far in advance? Change should trigger a review, Technology is available to flag up changes
- Evidence says that people ignore computer warnings – need to be careful about reliance on technology
- In relation to repeat dispensing – when handing out medicines pharmacy staff should ask if anything has changed
- Is it appropriate to prescribe for 6 months in advance?
- We need to be clear where the responsibility lies, and this should not be devolved to another profession.
- Need to consider those medications that need more explanation – and how we intervene.
- There are medications that should not be advanced clinically checked – should be about professional judgement
- Questions raised about who is responsible if things go wrong? Liability is an issue for the PDA and insurance but not RPS, we should be concerned with professional practice
- Every individual needs to ensure operations/processes are safe
- Will be useful if there was a sharing of data on this issue – how big an issue is it?
- Organisational pressure on RP can play a part.

TO said that WT has received a range of views to consider.

Action 1: Advanced Clinical Checks needs to be discussed by the HEAG – put on their agenda to ensure we consider the hospital view

23.06.EPB.06	<p>GB Business Plan and Vision for Pharmacy Profession Practice in England update</p> <p>JD introduced this item.</p> <p>GB and England workplan – strong emphasis on media on a wide range of topics. The team have done a lot of preparation behind the scenes to support media enquiries.</p> <p>A variety of work is ongoing under the vision, some examples:-</p> <ul style="list-style-type: none"> • Repeat prescribing • IP pilots – pathfinder sites • Primary care recovery plan • Referrals • Supervision • Engagement across the system – ICBs/ICSS • Pharmacy people – Workforce wellbeing roundtable – published joint statement and report still to be published • Continue to lobby for the Workforce Plan • Protected learning time • NIHR research • Genomics medicine statement <p>And our work has included</p> <ul style="list-style-type: none"> • Strengthening pharmacy governance • Virtual wards • I&D – differential attainment and evaluation • Workforce – long term plan • Political engagement – APPG 	

	<p>The Board asked if the team was adequately resourced. JD said it was a matter of prioritisation as the team could not tackle everything at once. How we measure our success regarding the vision is a work in progress.</p> <p>The Vision in England is linked to the overall RPS organisational strategy.</p>	
23.06.EPB.07	<p>Access to Records by community pharmacist in England</p> <p>The English Pharmacy Board noted paper 23.06.EP.07</p> <p>This is a key priority area. There are plans to accelerate this in England to support the Pharmacy First Initiative which is due to be rolled out at the end of 2023 or early 2024. There is a commitment in the primary care recovery plan for an interoperable system to be in place for pharmacists and GP practices.</p>	
23.06.EPB.08	<p>Any other Business</p> <p>There was not other business to discuss</p>	
23.06.EPB.09	<p>Dates of Next NPB/EPB meetings</p> <p>20 September – zoom meeting 9th November – face to face in London (day before RPS conference)</p>	
23.06.EPB.10	Close of meeting at 15.20pm	

Action List

Item	Action	By Whom	Open/Closed/Comments
23.02.EPB.06	Action 2: JD to speak to DHSC about read/write access to pharmacy records	JD	Remains open – JD did have conversation DHSC but this is ongoing
23.02.EPB.06	Action 4: Put 1st slide of workplan on EPB webpage	Team	Open – this will be actioned
23.02.EPB.05	Action 1: Advanced Clinical Checks needs to be discussed by the HEAG – put on their agenda	WT/JD/HW	Open

National Pharmacy Board meeting – 20 September 2023

Title of item	Pharmacy Manifesto 2024
Author of paper	John Lunny
Position in organisation	Public Affairs Manager for England
E-mail	john.lunny@rpharms.com
Item to be led at the meeting by	Country Directors
Headline summary of paper	An outline approach to developing a pharmacy 'manifesto' ready for members to engage with local candidates at the next general election.
Purpose of item (decision / discussion)	Discussion
For consideration	Whether Boards are content with proposed approach to developing an RPS general election manifesto and for initial reflections on key issues.
Resource implications	Staff time across country teams.

Pharmacy Manifesto 2024

The next UK general election will be held no later than 28 January 2025.

Alongside ongoing work with a range of stakeholders to engage with political parties as they develop election manifestos, the general election presents an opportunity for RPS members to contact local candidates to raise the profile of pharmacy and highlight key issues.

We developed a 'pharmacy manifesto' at the last general election in 2019, hosted on the RPS website, which highlighted a wide range of issues relating to pharmacy, medicines and healthcare. We encouraged members to share this with local candidates and invite them to show their support on social media and potentially offer a visit to a local pharmacy setting.

We propose taking a similar approach in the run up to the next general election and develop materials ready to use once an election is called. Many of the issues will be relevant across GB and relate to the vision work in each country, but may need to be tailored in line with the devolved approach for health policy.

What we are looking to achieve:

- Raise the profile of pharmacy with parliamentary candidates at the next general election.

Questions for consideration:

- Do you agree with an overall aim of encouraging members to engage with candidates at the next general election?
- What are your initial reflections on the example issues set out in the paper below?
 - Are there any issues which you feel are very important?
 - Are there any issues you think should not be included or should change?
 - Are there any issues missing?
- To what extent should the manifesto reflect the devolved nature of healthcare policy (e.g. including both England and GB-wide issues)?
- To what extent would members in Scotland and Wales engage with Westminster candidates on devolved health issues?
- Are you content for Team England to lead on this work in discussion with the English Pharmacy Board, liaising with RPS Scotland and RPS Wales teams as appropriate?

Example topics for consideration:

Maximise the Contribution of Locally Accessible Pharmacy Teams

RPS/King's Fund Vision theme 1 - Supporting people and communities to live well for longer

- Invest in pharmacists and pharmacy teams to maximise their contribution to person-centred care, public health and prevention, and medicines safety.
- Agree fair funding for community pharmacy so patients get faster access to expert care and advice that is locally accessible.
- Support the role of pharmacy teams to engage with local communities and reduce health inequalities.

Enhance Accessible Prescribing in the Community

RPS/King's Fund Vision theme 2 - Enabling People to Live Well with the Medicines that They Take

- Support the development of prescribing services in pharmacies close to where people live.
- Develop and support pharmacy teams to take a leadership role in prescribing and medicines optimisation, enabling people to live well with the medicines and treatments they are taking.
- Support steps to minimise the environment impact of medicines.

Secure patient access to medicines

RPS/King's Fund Vision theme 3 - Enhancing Patient Experience and Access to Care

- Scrap prescription charges in England, in keeping with Scotland and Wales, to create a fairer system for patients across Britain.
- Support pharmacists to manage medicines shortages and help patients access appropriate treatment.
- Work with national bodies and international partners to ensure UK patients can receive the medicines they need in a complex, global market.

Support the workforce to deliver patient care

RPS/King's Fund Vision theme 4 - Our Pharmacy People

- Pass long-awaited legislation on Supervision in pharmacy settings to release pharmacists to deliver clinical skills in the high street.
- Further invest in education, training and development of pharmacists and pharmacy technicians, as part of a comprehensive workforce strategy, to meet growing demand for their professional expertise.

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- Provide parity of access to health and wellbeing support for pharmacists that are providing NHS services, so they can continue to provide safe and effective care.

Unlock the potential of new advances in medicines

RPS/King's Fund Vision theme 5 - Data Innovation, Science and Research

- Build on the UK's position as a global leader in life sciences, developing new medicines and supporting research.
- Support advancements in personalised medicine and pharmacogenomics to provide improved outcomes for the public and improve patient safety.
- Ensure the UK remains an attractive place for the world's best talent to live, work and study to support our healthcare services, universities and industry.

Pharmacist Access to Integrated Records

RPS/King's Fund Vision theme 6 - Leadership, Collaboration and Integration

- Fund IT infrastructure and operational implementation to enable pharmacists to access, update and write patient records – to promote integrated, safer care.
- Ensure there is a ring-fenced Chief Pharmacist in every ICB in the country to ensure that medicines safety is at the heart of the NHS in every community.

Recommendations:

- Given health policy is devolved, we recommended that this work is led by Team England in discussion with the English Pharmacy Board and liaising with RPS Scotland and RPS Wales teams as appropriate.
- We will welcome feedback from Country Boards on key issues discussed in this meeting and will reflect on this as we develop a draft manifesto.

National Pharmacy Board meeting – 20 September 2023

Title of item	RPS position on the use of Patient Group Directions by Pharmacy Technicians
Author of paper	Heidi Wright
Position in organisation	Practice and Policy Lead, England
Telephone	02075722299
E-mail	heidi.wright@rpharms.com
Item to be led at the meeting by	James Davies / Elen Jones / Laura Wilson
Headline summary of paper	To discuss the RPS position on the use of Patient Group Directions by Pharmacy Technicians
Purpose of item (decision / discussion)	Discussion and Decision
For consideration	Do you agree with the proposal to enable PTs to use PGDs to supply and administer medicines?
Risk implications	We need to come to a consensus view across the organisation in order to respond to the current consultation
Resource implications	None apart from staff time

Proposal for the use of PGDs by Pharmacy Technicians

Questions for consideration:

- Do you agree with the proposal to enable Pharmacy Technicians to supply and administer medicines under a PGD?

What we are looking to achieve. (Discussion based on questions above)

A consensus view across the three country boards to obtain a GB position on pharmacy technicians being able to supply and administer medicines under a PGD.

Our recommendation as a policy team is that boards should agree with the draft position statement.

The statement is clear in support of changing legislation to enable pharmacy technicians to supply and administer medicines under a Patient Group Direction (PGD), in alignment with Country Visions.

Background:

Previously all three National Pharmacy Boards were unable to agree a consensus on changing legislation to enable pharmacy technicians to supply and administer medicines under a PGD.

On 18 August 2023, the Department of Health and Social Care (DHSC) published a [consultation](#) proposing a change in legislation to enable pharmacy technicians to supply and administer medicines under a PGD. RPS will be responding to this consultation which closes on 29 September 2023.

RPS surveyed its members between 29 August and 11 September to garner their views on this topic. The results of this survey will be presented at the board meeting.

Our recommendation is that boards agree to the drafted position statement, to enable the policy team to respond effectively to the consultation.

The position is clear in terms of support for the changing of legislation to enable pharmacy technicians to supply and administer medicines under a Patient Group Direction (PGD).

The statement reflects the progress in country visions and changes to pharmacy contracts that have driven more focus on the delivery of clinical services for patients, supporting the wider priorities of the NHS.

To note, our three country visions for pharmacy all strongly support the development of the whole pharmacy team, fully utilising the skill mix of all members to release the clinical capacity of pharmacists.

Our vision in Wales, [Pharmacy: Delivering a Healthier Wales](#), states ‘*We will increase capacity of the services provided by the pharmacy team by enabling pharmacy technicians to undertake more patient facing services in the community*’

Throughout the [Vision for Pharmacy Professional Practice in England](#) we talk about new roles for pharmacy professionals, including pharmacy technicians. We state “*Making best use of the skills of the entire pharmacy team will be necessary to support a shift at scale toward more integrated, patient centred care*”

[Pharmacy 2030: a professional vision](#) for Scotland was co-written with the National Pharmacy Technicians Group in Scotland (NPTGS) and states that ‘*Pharmacy technicians will lead medicines management processes, both in technical roles focused on the safe and efficient supply of medicines, and in patient-facing roles to support patients’ use of medicines.*’

Draft Position Statement

The Royal Pharmaceutical Society is supportive of changing legislation to enable pharmacy technicians to supply and administer medicines under a Patient Group Direction (PGD).

The RPS Country Visions highlight how skill mix is vitally important in delivering modern and efficient pharmacy services. Increasing the opportunities for pharmacy technicians to further develop their role has the potential to strengthen the foundation for pharmacy practice across all sectors. As managing the health of patients becomes more complex, with multiple long-term conditions and more complex medicines and therapies, the need for pharmacists to focus on clinical and therapeutic interventions is increasing.

Enabling pharmacy technicians to undertake further services with appropriate training under a PGD will increase capacity for pharmacy teams and further support consistency of services being offered within pharmacy.

The RPS believes that this enhanced skill mix will allow greater flexibility for pharmacists to manage their workflow safely and effectively. Greater utilisation of the skills of pharmacy technicians could increase patient access to services whilst also building capacity to support the introduction of more enhanced pharmacist led clinical services. The valuable and crucial contribution of pharmacy technicians operating under a PGD has already been recognised during the uptake of flu and COVID-19 vaccinations.

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Pharmacy technicians are integral to the provision of pharmacy services. As healthcare professionals, regulated by the General Pharmaceutical Council, pharmacy technicians must maintain high standards of professionalism, working under the supervision, direction, or guidance of a pharmacist. Pharmacy technicians who undertake these additional responsibilities would continue to adhere to the same principles of practice that apply to pharmacists including competency-based training and assessment of skills and knowledge. As with all health professionals, it is critical that pharmacy technicians should only work within their competence.

The supply and administration of medicines under a PGD should be reserved for situations where this offers an advantage for patient care, without compromising patient safety.

Recommendations:

1. To discuss the DHSC proposal to enable registered pharmacy technicians to supply and administer medicines under a patient group direction
2. To consider the recommendations from the policy teams to boards
3. To come to a consensus view which will inform the RPS response to the consultation

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Heidi Wright, Alwyn Fortune, Ross Barrow		Overall RAG
Reporting period	September 2023		
Risks / issues/			
Project deliverables	Progress summary	Next Steps:	
1.			
2.			

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 20 September 2023

Title of item	Board objectives for 2024
<p>Author of paper</p> <p>Position in organisation</p> <p>Telephone</p> <p>E-mail</p>	<p>James Davies</p> <p>Director for England</p> <p>James.davies@rpharms.com</p>
<p>Item to be led at the meeting by</p>	<p>James Davies</p>
<p>Headline summary of paper</p>	<p>To provide an initial opportunity for the board to provide their thoughts and ideas on the workplan for 2024.</p>
<p>Purpose of item (decision / discussion)</p>	<p>Initial Discussion</p>
<p>For consideration</p>	<p>Which should be the priority areas of focus for the Country Teams in 2024?</p>
<p>Risk implications</p>	
<p>Resource implications</p>	<p>Allocation of Country Team Resource</p>

English Pharmacy Board Objective for 2024

Questions for consideration:

- Which areas of policy and practice should the country teams focus on in 2024?
Are there any areas for wider consideration that should be included?
- Are there any items that you believe should be removed?

What we are looking to achieve? (Discussion based on questions above)

- A steer from the Boards as to the focus policy areas for 2024 planning.

Background:

The English Pharmacy Board agrees the workplan for the Country Team for each year. In light of the current RPS planning cycle we are considering the workplan for 2024.

The Board is asked to consider some of the key areas of focus for Team England in 2024 to allow us to build a more comprehensive workplan for the coming year.

The current 2023 workplan provides focus on:

- Future Country Vision
- Independent (Pharmacist) Prescribing
- Pharmacogenomics
- Health Inequalities
- Strengthening Pharmacy Governance
- Workforce
- Wellbeing
- Inclusion and Diversity

The main focus of the work of the team will continue to be related to the implementation of the Vision for England, however we would welcome the views and insight from Board members as to what they believe are the key areas of focus.

The team will then bring a worked-up plan, incorporating the views of the Board members, back to the next Board meeting.

At the June working day, the Board provided a indicative list of priority areas, which has now been collated with existing workstreams and planned activities and provides the following areas of operation.

The top five statements from the working day were as follows:

1. Independent Prescribing - Provide thought leadership in the roll out of NHS England independent prescribing pathfinder sites.
2. Strengthening Pharmacy Governance - Campaign for pharmacy access to care records beyond the work already carried out in collaboration with Pharmacy IT group
3. Strengthening Pharmacy Governance - Champion the increase in the skill mix in all pharmacy settings by leading on all conversations relating to supervision and ensuring RPS view is front and centre of any future changes.
4. Vision in England - Support the implementation of the primary care recovery plan with guidance and support on the implementation of Pharmacy First in England for members in England.
5. Vision in England - Commission and publish a thought leadership document on the state and impact of AI on the future of pharmacy practice in all settings.

Against this background we are proposing that the 2024 workplan build upon this foundation in light of the known activities for 2024.

- Pathfinder sites will continue in their roll out across England
- Supervision legislation will be consulted and acted upon and may be implemented
- Primary care recovery plan and common conditions service will be going live and implemented
- Medicines Shortages will continue to be a challenge
- Independent Prescribing for newly qualified pharmacists will be closer to going live.
- A general election will likely be called before November 2024.

To that end we have mapped the existing work to the main theme areas of the Vision for England, and the priority areas described from the previous board meetings.

Vision for Pharmacy Practice in England					
Theme 1 – Supporting people and Communities to live well for longer		Theme 2- Enabling People to live well with the medicines that they take		Theme 3 – Enhancing Patient experience and access to care	
Health inequalities	Pharmacy in an ICS	Homecare (House of Lords)	Separation of prescribing and supply	Supervision and Delegation	Hub and Spoke Models
Environmental Sustainability	Health Alliance	IP Pathfinder Programme	Patient Safety	Digital prescribing in all settings	Original Pack Dispensing
Prescription Charges Campaign	Inclusive Pharmacy Practice NHSE	DPP Policy & Numbers of DPPs		Virtual Wards	
Theme 4- Our Pharmacy People		Theme 5 – Data Innovation Science and Research		Theme 6 – Leadership, Collaboration and Integration	
Workforce	Inclusion & Diversity	Pharmacogenomics and personalized prescribing	Pharmacy Closures	Credentialling	AI in Pharmacy Thought Leadership
Wellbeing (& Survey)	I&D Strategy	Pharmacogenomic testing in Pharmacy		ICB Chief Pharmacists	Pharmacy in ICS
Differential Attainment	Protected Learning Time	Access to Care Records	Environmental sustainability	Medication Shortages in the UK	
Workforce Numbers and Plots (Workforce Observatory)					

The board are asked for their initial feedback and comments on these proposed areas and if they feel that any areas require a further increase or decrease in priority based on the plan.

In addition, the team will continue with their existing work, including the development of standards, reactive media work and member engagement.

English Pharmacy Board	Reactive Work	Commissioned Work
Board Papers	Media Responses	Homecare Standards
Board Elections	Consultation Responses	Error Reporting Standards
Board Meetings		Green Pharmacy Standards
Assembly Meetings		National Overprescribing Review Toolkit

Political Engagement	Policy Development	Member Engagement	
APPG Workplan	Expert Advisory Groups	RPS Ambassadors	Meeting Attendance
Advocacy & Manifesto	Self Care Forum	Conference Attendance	Member Events
COVID Inquiry	National Voices	Lectures	Events and Shows
House of Lords			

Recommendations:

The Board is asked to consider the areas covered and provide feedback on those that they believe are of strategic importance to the organisation in 2024.

Based on the feedback of the Board the team will be able to provide a more comprehensive plan with detailed work activities for 2024 in future meetings.

National Pharmacy Board meeting – 20 September 2023

Title of item	Science and Research update to National Pharmacy Boards
Author of paper	Professor Parastou Donyai
Position in organisation	Chief Scientist
Telephone	020 7572 2275
E-mail	Parastou.Donyai@rpharms.com
Headline summary of paper	Summary of Science & Research Team activities
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	NA
Resource implications	NA

National Pharmacy Board meeting – 20 September 2023

**SCIENCE AND RESEARCH UPDATE TO NATIONAL PHARMACY
BOARDS**

1. Background

The purpose of the Science and Research programme is to:

- increase the profile of science and research in pharmacy
- develop and build research capacity and capability in pharmacy
- support the workforce with governance and ethical aspects of the profession
- drive innovation and build the evidence base
- Ensure internal processes and products are driven by research/evidence-based decision making

This paper outlines Science and Research activities undertaken from May 2023 to present.

2. Summary of activity

2.1. Staff recruitment

- New Deputy Chief Scientist, Professor Diane Ashiru-Oredope recruited (0.2 FTE) and started at RPS on 03 August 2023.
- Final working days of Senior Research Development Managers (job-share 0.6FTE x 2) on 31 August and 30 September 2023.
- New Senior Research Manager (1FTE) currently being recruited.

2.2. Recognition

- **Harrison and Hanbury Awards** – Nominations open; further information in the new [RPS awards webpage](#).
- **Outstanding Pharmacy Early-Career Research Awards' (OPERA)** – 25 nominations for 19 individuals were submitted; from this, 9 shortlisted researchers were selected. The winner, Stephen Kelly, was announced on 21 July, alongside a second “highly commended” nominee, Victoria Speed. The Pharmaceutical Journal wrote [a short piece](#) on the OPERA nomination and selection process.

2.2. Research Support Services

The team provides planned and *ad hoc* support to other RPS teams and workstreams, along with external research support.

- **Inclusion and Diversity Evaluation**– I&D survey 2023 closed in June 2023. Initiated the “*Sense of Belonging*” literature search and review, including the screening of 374 papers according to determined inclusion/exclusion criteria. Currently analysing the 56 paper that met our inclusion criteria. Began planning recruitment and the schedule for the I&D focus groups, which are due to take place in September/October.
- **Workforce wellbeing** – SRT currently supporting the development of the 2023 Workforce Wellbeing survey, due to be launched on 16 October 2023.
- **RPS Annual conference abstract submission process 2023** – Continued supporting the education team with the call for abstract, including abstract review. Have assisted in the recruitment of judges for the poster abstracts being presented.
- **Research support and mock Interviews** – Organised and delivered the following:
 - Southwest Pharmacy Research Network Meeting (19 June) – Presentation on RPS’ tools, guidance documents, and research support services.
 - (02 June) – Career support session
 - – Research methodology support
 - (04 August) – PhD application support

2.3. Resources for the development of research capacity and capability in pharmacy

- NIHR research e-Learning modules
 - In support of the nine short (45 mins) NIHR research e-learning modules, we have continued the review and update of our research and evaluation guides. We have published a new service evaluation guide and we are currently updating a new quality improvement guide. We have also re-designed [our home page](#) for our research and evaluation guides to make the site more user friendly
 - Responsibility for the NIHR research e-learning modules has been reassigned to SRT. All communications with NIHR and module maintenance will be managed within our team. Previous promotion efforts undertaken by SRT and the wider PLB teams includes producing social media posts, promotion in our newsletter, and promotion at relevant events.
- RPS Interns
 - Prepared case studies, meetings with the Chief and Deputy Chief Scientist, and problem-solving exercises for the RPS’ interns who joined SRT for the day on Wednesday 30 August.

2.4. Other

- **Media enquiries**
 - Media enquiry on the impact Brexit has had on the pharmacy industry for the I newspaper
 - Request for comment on the [extra £30m a year to boost research careers for healthcare professionals](#) from the Pharmaceutical Journal
 - Media enquiry about Tik Tok Paracetamol Challenge for The Pharmacist

- Media enquiry for Daily Mail on vaginal drug delivery
- **Chief Scientist Research Opinion** – Monthly blog, providing commentary on selected articles from RPS journals. The most recent post is titled “Protecting our children’s future from global health threats” and can be found [here](#).

2.5. Science and Research Committee and Expert Advisory Groups

Science and Research Committee

- Meeting held on 2 June 2023, and included a discussion of projects for each of SRC’s sub-groups, including:
 - Access of medicines via online sources: Campaign to raise awareness of the dangers of unregulated access to medicines without medical oversight
 - New Medicines, better medicines, better use of medicines: A Guide to the Science Underpinning Pharmaceutical Practice (Guidance document update)
 - Pharmacy Research Communities of Practice: Improving Research Capacity and Capability Among Pharmacy Professionals
- Next meeting to be held in November 2023. Observing the governance procedures of the RPS, the term of the position of Chair and of some of SRC members comes to an end after this SRC meeting. Therefore, a call for a new Chair has been launched, with the aim to formally appoint the new Chair in January 2024. We are also currently recruiting new SRC members, to replace those whose term of position ended earlier in 2023.

Antimicrobial Expert Advisory Group – Meeting held on 25 May 2023. Next meeting to be held on 28 September 2023.

Industrial Pharmacy Advisory Group – Meeting held on 6 June 2023. Next meeting to be held on 28 September 2023.

Meeting minutes can be found [here](#).

National Pharmacy Board meeting – 20.09.2023

Title of item	Education and Professional Development June – August 2023 activities update
Authors of paper Position in organisation Telephone E-mail	Helen Chang, Head of Professional Development Helen.Chang@rpharms.com Joseph Oakley, Associate Director of Assessment and Credentialing Joseph.Oakley@rpharms.com
Headline summary of paper	Education and Professional Development activities report June – August 2023
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the authors ahead of the meeting.
Risk implications	n/a
Resource implications	n/a

Education and Professional Development activities update to National Boards

1. Background

Educational activity for 2023 largely focusses on developing a compelling educational and professional development value proposition to support membership growth in our target segment: pharmacist prescribers. We are also focussing on scaling our credentialing activities at the advanced level of practice following the release of the RPS Core Advanced curriculum and preparing for 2024 where we will be delivering live credentialing assessments across the three levels of post-registration practice.

2. Summary of activity /achievements to date

2.1. Students

- We have continued working closely with NHSE, NES, HEIW and BPSA to co-develop and deliver a series of webinars to support third year MPharm students prepare for the national foundation training recruitment scheme (Oriel) 2024/25. Over 300 students registered for the second webinar in June, which summarised approaches to the preferencing stages of the recruitment process.
- We have launched our series of Demystifying Oriel workshops in August, to help prepare students for the Oriel assessment. Over 100 delegates attended and reported feeling more prepared for the assessment following the session.

2.2. Foundation training

- We have attended various Foundation conferences in England throughout July and August, engaging with trainee pharmacists and reinforcing RPS support available, especially during the initial stages of their career.
- Delivery plans and speakers have been confirmed for our RPS foundation trainee membership programme 23/24. The programme will launch with a series of interactive webinars focussed on trainees' development throughout their Foundation year (weaving in multiple RPS resources). The webinar series will commence in September 2023.
- Draft plans are underway for the Revision Course programme and Mock feedback sessions, due to launch in 2024. Additional sessions will be planned for the cohort, with a proposal of 31 live webinar dates in total.
- We continued to develop the NHSE Foundation Trainee Pharmacist E-Portfolio and have successfully released the final set of enhancements in August (which forms part of year 2 delivery of our 3-year contract with NHSE).

2.3. Mentoring

- We continue to see good engagement on the mentoring platform. We currently have 2021 registered users on our mentoring platform. 1678 mentees (1453 are active), 579 mentors (461 are active). 2674 mentoring requests have been made (744 are in progress and 560 marked as already completed). We are currently exploring new streams of work with our mentoring advisory group and will look to expand the scope of the group so that can support us with supervision and communities of practice.

2.4. Courses and programmes

- We reviewed remaining NIHR E-learning for Pharmacists and Pharmacy Technicians modules to ensure that the quality and learning experience adheres to our education quality standards. Six modules are now available on the NIHR website, and the final three are being finalised by our designers.

2.5. RPS Live

- In June - August we developed and delivered 1 webinar followed by a break over the summer period.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
July	NICE webinar – Multimorbidity and Shared Decision Making	116	100%

- Development continued for future webinars with NICE and National Association of Link Workers – Social prescribing webinar.

2.6. Annual conference

The Education Team have remit over content planning for the Annual Conference Programme. The theme of the conference is 'Working Together: Empowering the Workforce to Transform Patient Care', focusing on how teamwork and collaboration within and beyond pharmacy can drive improvement in the health and wellbeing of society. There will be 4 content streams across the day:

- Working with patients as partners
- Working with the wider pharmacy and multidisciplinary team
- Collaborating with global partners
- Collaborating with industry and research partners

We will also be hosting an RPS Zone and a Wellbeing Zone which is a collaboration between RPS and Pharmacist Support. Additionally, there will be workshops running throughout the day:

- Credentialing – Identifying development needs for RPS Core Advanced Credentialing
- Research – How to write a publishable paper
- I&D – What does Sense of Belonging mean to you?

Planning continues to further develop and define content, with activity as follows:

June:

- Keynote speaker announced – Professor John Amaechi
- Conference programme published and registrations opened
- Call for abstracts and innovative practice examples closed and peer review period began. Record number of submissions with 169 in total.

July:

- Programme development and refinement continued with partner organisations
- Organisations supporting content development include:
 - APTUK
 - Commonwealth Pharmacists Association
 - Pharmacist Support
 - UKCPA
 - BOPA
 - PCPA

- CMHP
- NPPG
- FIP
- National Association of Link Workers
- Abstract and innovative practice submission authors informed of outcomes
 - 74 abstracts accepted into research zone and scheduled to be published in the International Journal of Pharmacy Practice
 - 10 submissions selected for oral presentation at the conference
 - 87 submissions accepted into the innovation zone

August:

- We have continued to work closely with partner organisations on developing the programme.
- All Chairs and most speakers and panellists have been confirmed
- Finalising all sessions

2.7. Assessment & credentialing

- **Post-registration Foundation**
 - We continue to engage positively with a growing number of HEI partners across England particularly about aligning their current post-graduate provision (specifically their diploma courses) against the RPS post-registration Foundation curriculum.
 - We are planning a proactive virtual stakeholder event for university partners to be delivered in Q4 2023 to try to build on this positive engagement.
- **Core Advanced**
 - There are currently 955 users registered onto the Core Advanced e-portfolio (includes learners and supervisors)
 - The submission and assessor interface of the Core Advanced e-portfolio was successfully deployed in this reporting window.
 - We have a cohort of 10 learners from the first pilot cohort of RPS/Centre for Advancing Practice/CPPE advanced pathway presenting for assessment in September 2023. An open credentialing submission window will be available in October 2023 for pharmacists outside of this England-only funded pathway.
- **Consultant Pharmacist post approval**
 - To date in 2023, the RPS has received 18 post approval applications.
 - 3 applications have been approved, with 4 being granted provisional approval. There are currently 11 outstanding outcomes. Post review has been significantly delayed because of reviewer availability given competing system pressures on their time.
 - The Education & Standards committee has recommended we write to the CPhO offices sharing our difficulties in securing reviewers for new consultant pharmacist posts.
- **Consultant Pharmacist credentialing**
 - There are currently 1259 users registered onto the consultant pharmacist e-portfolio (learners, expert mentors & professional coaches).
 - To date in 2023, 24 portfolios have been submitted to undergo the credentialing assessment in the 2023/1 and 2023/2 assessment diets. These were comprised of 19 first time attempts and 5 second time attempts. The overall pass rate for 2023 is currently 63%.

National Pharmacy Board meeting – 20 September 2023

Title of item	Policy and Consultations
<p>Author of paper</p> <p>Positions in organisation</p> <p>E-mail</p>	<p>Heidi Wright, Ross Barrow, Alwyn Fortune and Iwan Hughes</p> <p>Policy leads for England, Scotland, and Wales</p> <p>Heidi.Wright@rpharms.com, Alwyn.Fortune@rpharms.com Ross.Barrow@rpharms.com Iwan.Hughes@rpharms.com</p>
<p>Headline summary of paper</p>	<p>The National Pharmacy Boards are asked to note the update on policies developed and published by RPS plus the update on consultations responded to by RPS in the time period June 2023 to August 2023 and the policy statements made for each consultation.</p>
<p>Purpose of item</p>	<p>This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.</p>
<p>Risk implications</p>	<p>The RPS must develop policies and respond to relevant consultations to provide a voice for pharmacists.</p>
<p>Resource implications</p>	<p>None over and above staff time</p>

POLICY AND CONSULTATIONS UPDATE

Background

It is important that the RPS has a view and a position in a number of different areas to support and advance the work that pharmacists do.

By developing policies and responding to consultations, the RPS states it's view on behalf of members, and we are then able to advocate for the profession.

Summary of activity /achievements to date

Policy:

- We have developed a [Vision for Pharmacy Practice in England](#) and a [best practice hub](#) under the themes in the vision. We are focusing on implementation of the vision in 2023
- We are now four years into our vision work in Wales and have reviewed the 2022 goals and set the new 2025 goals to keep on track for the 2030 [vision for pharmacy in Wales Pharmacy: Delivering a Healthier Wales](#). We are leading on driving forward the work of the delivery board for implementation on behalf of Welsh Government through secretariat. The Delivery board has been established with Chris Martin (Chair of the Life Sciences Hub Wales) as chair, with a focus on the four key themes of the vision. Quarterly meetings take place and progress tracked towards achieving our goals. Separately, meetings of the working groups of the four themes take place between delivery board meetings with actions and points to feed into the delivery board.
- We are developing a position statement focused on the separation of prescribing and dispensing / administering /supply in terms of independent prescribers. We are engaging with key stakeholders on this topic.
- RPS Wales have been commissioned to undertake an [independent review of clinical pharmacy services in Hospitals in Wales](#) on behalf of Welsh Government. A final draft has been submitted to Welsh Government, the review is due to be published alongside the Welsh Governments response at the RPS Wales conference in September.
- We have published our [Protected Learning Time policy](#) supported with examples of good practice and a blog
- We contributed to the organisational response to the Covid Inquiry
- Following on from the launch of the Daffodil Standards, we are establishing a short life working group to support implementation of the standards and lead a refresh of the RPS Palliative and end of life care policy (Wales).

- In Scotland, we are holding a parliamentary event to highlight the Daffodil standards and are writing a joint letter with Marie Curie Scotland to Alison Strath to request support for the roll out of the standards and take a Once for Scotland approach.
- We facilitate and attend regular meetings with pharmacy organisations and professional leadership bodies policy leads to discuss current priorities and consultation responses.

Next steps

- We will continue to develop policies on areas of significance and relevance to pharmacists.
- We are exploring the issue around payment for DPPs

Consultations

During the period June 2023 to September 2023, we have responded to 9 consultations, these consultations and the policy points for each consultation are attached as **Appendix 1**. These can also be found on our website [here](#).

Next steps

The RPS will be responding to the following upcoming consultations:

- Proposal for the use of patient group directions by pharmacy technicians
- Supporting the delivery of COVID-19 and influenza vaccination
- Oliver McGowan draft code of practice to support training on learning disability and autism
- Mandating quit information messages inside tobacco packs
- Guidance on weight management

Other areas

- Policy leads are leading cross RPS groups focusing on workforce wellbeing, independent prescribing, sustainability and workforce and networking.

- Policy leads actively support the Expert Advisory Groups in Digital, Primary Care and Community Pharmacy
- Policy leads represent the RPS at regular meetings with stakeholders
- Policy leads work with universities to establish opportunities for teaching and interacting with student at various levels

Conclusion:

We will continue to respond to consultations on behalf of the membership to ensure that pharmacy has a clear, strong voice in all discussions which affect healthcare and pharmacy. We will also continue to develop policy in relevant areas. Our aim is to ensure that the views of members and experts within the profession are reflected in our responses to consultations and policy development.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)			Overall RAG
Reporting period		June 2023 – September 2023	
Risks / issues/		None identified	
Project deliverables		Progress summary	Next Steps:
1.	Respond to consultations across GB	Responded to all relevant consultations during this time period	Continue to respond to consultations
2.	Develop policies in line with National Pharmacy Boards priorities and workplan	Relevant policies developed	Continue to develop policies in line with National Pharmacy Boards' priorities

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

Appendix 1: The following consultations have been responded to by the RPS
Time period: 2 June 2023 – 1 September 2023

Call for evidence: Health and Social Care Select Committee Expert Panel pharmacy evaluation | UK Parliament

- The Government has met its commitment to provide a Pharmacy Access Scheme but has failed to improve it sufficiently
- While some new services have been introduced, the Government has not yet met its commitment in this area. There has not been a sufficient shift in the emphasis on service delivery and the Community Pharmacy Contractual Framework (CPCF) remains focussed on dispensing and the supply of medications
- There must be a radical shift in the contractual framework so that the majority of funding is based on direct patient care instead of medicines supply.
- Care offered by pharmacists working in the community must be part of integrated pathways to ensure that patients receive consistent and joined up care.
- Significant challenges result from the lack of access to patient data and interoperability to allow pharmacy staff to see, document and share clinical information with other healthcare professionals.
- The commitment to electronic prescribing is well intended, but the time needed to implement these systems is unrealistic and the commitment ambiguous
- The uptake of pharmacists into PCNs and General Practice has been significant, but this has had an impact on areas that have seen issues with pharmacist retention, such as community pharmacy. There needs to be a renewed focus on upskilling pharmacists who remain in community roles, and creating a framework that allows them to use their clinical skills and knowledge without creating additional risk or duplication of services for patients.
- Skill-mix optimisation is about using people in the right role for the task in hand. Workload pressures can be eased for pharmacists where they are able to delegate tasks.
- Pharmacists need to be supported to give people the information and tools to make positive lifestyle choices and to engage in self-care

Pharmacy Inquiry | UK Parliament

- Over the last two decades, the expertise of pharmacists has increasingly been used to deliver better use of medicines, improved knowledge around safe use of medicines, technical delivery and governance of novel personalised therapies, support for public health and more clinically focused care to patients and the public.

OPEN BUSINESS

- Pharmacists and pharmacy teams are playing a central role in the wider use of pharmacogenetics and greater personalisation of medications, particularly around management of long-term conditions
- Any workforce plan should consider the essential core roles and responsibility that must be delivered across all sectors of pharmacy.
- Investment is needed to train new pharmacy staff and upskill existing members of the team, matching skills to tasks. Career pathways, supported by credentialing, should continue to be developed and adopted to make all roles more attractive and rewarding, allowing all staff to develop and work to the top of their competence and ability.
- Workforce planning must include time for appropriate rest breaks, both for the welfare of pharmacists and for patient safety. With increased clinical roles, pharmacists must have dedicated protected learning time within working hours
- Improving the retention of staff in the profession is an important part of solving the current workforce challenges.
- As demand for pharmacist expertise increases, the Government and NHS should re-energise investment in hospitals to implement the Carter Review recommendations
- Better system integration will need the digital infrastructure to support it. There needs to be significant national investment in general practice and community pharmacy systems to enable seamless integration and exchange of clinical information for incorporation into the patient medical record as required
- The biggest single innovation in pharmacy that would create a change in pharmacy services is full read and write access to a patients' clinical record in all care settings.
- RPS continues to call for fair funding in the longer-term to help pharmacies keep their doors open to the public.

Major Conditions Strategy Call for evidence I DHSC

- Pharmacists working in primary care have a significant role to play in CVD. Community pharmacies, in particular, are situated in the heart of communities and can be commissioned to provide services that focus on prevention of CVD including smoking cessation, weight loss, alcohol reduction and wider lifestyle interventions.
- In the future we would see people have walk in access to health improvement services that meet local needs, such as, provision of advice, digital therapies and prescribing of medicines for communicable and non-communicable diseases, women's health and vaccination programmes via their community pharmacy.
- Pharmacy teams would proactively provide people with opportunities for early detection of ill health through targeted interventions that use population health data and maximise ongoing advances in technology, such as wearables, 'inside-ables' and point of care testing.
- Community pharmacies help mitigate health inequalities through the provision of a range of public health services, particularly primary disease prevention and management: vaccination and infection prevention; health screening and self-care; healthy lifestyle, diet and weight management; prevention, management and

cessation of substance dependence; management of chronic conditions such as cardiovascular and respiratory disease, diabetes, pain; and supporting mental health and wellbeing.

- If there were formal structures and processes in place, community pharmacists could refer people to social prescribing link workers.
- For community pharmacies to be fully effective they would need access to the local population health data
- Pharmacy teams need to be integrated into the wider health system and, as part of a multidisciplinary team. They need to be able to refer seamlessly to other health (including pathology, blood, diagnostics/imaging etc), social care and third sector providers. They need to have access to relevant clinical records to support patient care
- To streamline referral processes, we recommend that formal referral protocols/pathways should be developed for pharmacy teams to make direct referrals to other services.
- Pharmacists are experts in medicines and their use and should be available at all points in the patient pathway where medicines are procured, prescribed, optimised, dispensed and supplied, as well as being there to support the person taking the medicine
- We need health and care systems to recognise the place of pharmacists and their teams in supporting people in their health and care journeys and are hopeful that integrated care systems will recognise the value pharmacists and their teams can bring in delivering positive patient outcomes.
- Having access to a single set of information, for all health and care staff as well as patients themselves, via a Shared Care Record (ShCR) is essential to optimising patient care.
- Pharmacists should be embedded in all multidisciplinary palliative care teams to input expertise on prescribing, deprescribing and use of medicines

Service Specification for In-patient Child and Adolescent Mental Health Services (CAMHS): General Adolescent Unit (GAU) and Extra Care Area (ECA) | WHSSC

- Pharmacy must be included as part of the core team of professionals, and this should include a Specialist Mental Health Pharmacist within this. Availability to pharmacy and access to specialist pharmacist knowledge is required within the field of CAMHS
- There is no reference to safe storage of medication and facilities required, link shared.
- There is no reference to the storage of medicines in temperature-controlled environment, link shared.
- There must be consideration of how information is obtained from and relayed to patients and their families with cultural or language barriers including use of interpreters where necessary.
- In terms of staff and training, clinical staff should have training on medicines management and administration.
- Young people prescribed medication should have a weekly medication review to appropriateness, side effects, and ongoing need.

Proposal to make Codeine Linctus and Codeine Oral Solutions available as a prescription only medicine (POM) | MHRA

- It is our view that Codeine linctus should be reclassified from a P medicine to a POM (prescription only) medicine
- The RPS is only supporting a P to POM change for this particular product based on the lack of evidence of efficacy, combined with the abuse potential.
- The risks of supplying an opiate-based medicine that has limited potential use, outweighs the benefits of enabling this medicine to be sold and supplied from a pharmacy
- We continue to advocate for full read and write access to electronic patient records for all pharmacists, whichever care setting they are working in.

Proposals to increase fees consultation | GPhC

- We strongly support the need for effective regulation
- We welcome some of the efforts made by the GPhC to reduce their cost base but believe that these should be taken further so that any fee increase is reduced
- The registration fee is not equitable for those who are currently not actually practising, such as those who are undertaking maternity or paternity leave
- The GPhC should consider their approach to registration for these professionals, enabling fees to be significantly reduced during this time when they are not practising

Vitamin B12 deficiency guidance | NICE

- Paragraph 1.5.14 gives a suggested minimum dose of at least 1,000 micrograms a day in pregnancy or during breastfeeding. Paragraph 1.5.12 does not give a suggested minimum dose for all other patient groups and it would support patient counselling if this was included in the guidelines

International Council for Harmonisation (ICH) E6 (R3) Good Clinical Practice (GCP) Guidelines | MHRA

- A detailed spreadsheet was submitted

Healthcare in Remote and Rural Areas | Scottish Parliament

- It should be recognised that improved resilience is required within the professional population in remote and rural areas.
- It is more difficult to recruit and retain staff in remote and rural areas. Medical models encourage people to work in many different areas of Scotland and experience working in different environments and contexts. This needs to be encouraged for pharmacy too.
- In remote and rural areas, there is more integration of service, and the interface is not as big a barrier to collaborative working. From a hospital pharmacy perspective, it is easier to work across pharmacy sectors and across professions.
- The pharmacotherapy service is working well in small dispensing practices in rural areas. There is a struggle to recruit GPs in remote and rural areas, but this provides an opportunity for pharmacists to become integrated into the team.

OPEN BUSINESS

- Pharmacy first is working well where this is available, and a good service is provided. There is the potential for closer MDT working due to smaller number of pharmacies servicing each practice. There is still a need to help the public understand what services are available, including pharmacy first and pharmacy first plus to ensure these services are accessed and utilised. It also needs to be available in more locations to have maximum impact on other areas of the health service.
- The closure of many care homes in remote and rural locations mean those with complex pharmacological needs are staying at home longer. This then requires greater pharmacist input which is impacting on service provision. Expansion and resourcing of hospital at home services is vital for these communities.

National Pharmacy Board meeting – 20 September 2023

Title of item	Public Affairs
Author of paper	John Lunny, Ross Barrow, Iwan Hughes
Position in organisation	Public Affairs Leads
E-mail	John.Lunny@rpharms.com Ross.Barrow@rpharms.com Iwan.Hughes@rpharms.com
Headline summary of paper	To update National Pharmacy Boards on public affairs activity and stakeholder engagement.
Purpose of item (decision / discussion)	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the authors ahead of the meeting
Resource implications	None over and above staff time

PUBLIC AFFAIRS UPDATE

England:

- We continue to engage with the **UK COVID-19 Inquiry** as a Core Participant of Module 3, which examines the impact of the pandemic on healthcare systems. A preliminary hearing is scheduled for 27 September 2023. Public hearings, where the Inquiry will hear from witnesses, are expected to begin next year.
- We have submitted written evidence to the **Health Select Committee** inquiry into pharmacy. Evidence sessions are yet to be announced but are likely to begin in Q4 2023. This follows inquiries into dentistry and general practice.
- NHS England published its **Long-Term Workforce Plan** in June. It set out that education and training places for pharmacists are estimated to need to grow by 31–55% to meet the demand for pharmacy services. The plan sets out an ambition to increase training places for pharmacists by nearly 50% to around 5,000 places by 2031/32. With workforce a key aspect of the RPS/King's Fund Vision, in December last year the RPS coordinated a joint letter to the Government calling for the workforce plan to support pharmacy. This was also a recommendation by the Health Select Committee, to which the RPS gave evidence.
- The Chair of the English Pharmacy Board attended a roundtable hosted by the Lords Committee on the **Integration of Primary and Community Care**.
- A member of the RPS Hospital Expert Advisory Group gave evidence to a Lords Committee inquiry on **Homecare Medicines**. Patient groups and clinicians have been calling for greater national accountability around service standards.
- The **Pharmacy APPG** held a drop-in session for MPs and Peers, where they could hear about key issues in pharmacy to support patient care.
- The RPS Project Lead for Daffodil Standards presented to a Westminster Health Forum event on **palliative care**.
- At the time of writing, the RPS was due to attend a **Health APPG** roundtable on the pharmaceutical industry.

Scotland:

- Met with the **Primary Care Clinical Professions Group** who represent healthcare professionals working in primary care across Scotland. RPS is taking the lead on organising a Scottish Parliamentary Reception on behalf of the group to raise our profile, which will be sponsored by Convener of Health, Social Care and Sport Committee, Clare Haughey MSP.
- Three Scottish Pharmacy Board Members undertook **media training** on 29 August to support them when providing broadcast interviews. This will support RPS Scotland to get more of our messages into media, particularly broadcast media.
- RPS Scotland, in conjunction with colleagues at RCGP Scotland hosted an evening reception at 44 Melville Street on 27 June to celebrate the work that has been done so far across professional bodies and Government to advance the sustainability of healthcare and move towards more **sustainable prescribing**. We were joined at

the event by prominent speakers including Jason Leitch, Scotland's National Clinical Director, Alpana Mair of Scottish Government and Gillian MacKay MSP, Scottish Greens Health and Social Carer Spokesperson.

- Liaised with Daniel Johnson MSP, who contacted us on the back of a constituent enquiry about the **sustainability of medicines**.
- Arrangements are in place for RPS and Marie Curie to hold a joint Scottish Parliamentary Exhibition between 19 and 21 September to promote the **Daffodil Standards** to MSPs.
- Arrangements are in place for RPS to hold a Scottish Parliamentary reception in December to promote our work on **sustainability in healthcare** to MSPs and senior healthcare leaders across Scotland. The reception will be sponsored by Gillian Mackay MSP, Scottish Greens health spokesperson.
- Provided advice and support to **BBC** journalist writing about increasing testosterone prescribing in young men.

Wales:

- Arrangements made with Chair of the Senedd's Health and Social Care Committee for a statement in the Senedd to mark World Pharmacy Day in September.
- Written evidence submitted to the Senedd's Health and Social Care Committee's inquiry into chronic conditions management and arrangements in place for a Senedd drop in event in September to further brief members on pharmacy's role in this area with RPS board members and expert members attending.
- RPS staff and board member, Rafia Jamil, highlighted workforce key calls to Senedd members at a joint royal collages/professional body event.
- Arrangement in place for Minister for Health and Social Care to make a keynote address at upcoming Pharmacy: Delivering a Healthier Wales conference.
- RPS Wales Chair/Director met with HEIW Chair/Chief Executive to discuss importance of pharmacy considerations across all of HEIW's workstreams.
- Hosted visit for Delyth Jewell MS & Peredur Owen Griffiths MS with Caerphilly Community Resource Team to show how pharmacy skills can lead to improved prescribing/deprescribing & reduce hospital admissions for frailty patients.
- Arrangements in place for drop in event at the Senedd to promote new RPS sustainability guidance (in development) and pharmacy's role in sustainability in November. Expert RPS staff and members to attend.
- Continued to engage in regular meetings/groups; Welsh Royal Colleges and Professional Bodies advisory group (RCAP), Royal Collages Expert Group on Mental Health and NHS Confederation Wales Policy Forum, World AMR Awareness Week campaign planning, HEIW Stakeholder Advisory Group and Primary Care Electronic Prescribing Group.
- Worked with ITV Wales News on news item that highlighted pharmacy workforce pressures and the importance of protected learning time.

National Pharmacy Board meeting – 20 September 2023

Title of item	Sustainability
Author of paper	Elen Jones
Position in organisation	Director for Wales (Director Lead for Sustainability)
Telephone	020 7572 2342
E-mail	Elen.Jones@rpharms.com
Headline summary of paper	Summary of activity since the last National Board Meeting.
Purpose of item (decision / discussion)	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	
Resource implications	Staff & board time.

SUSTAINABILITY**Background (Reason for activity and ambitions)**

Activity has focused on raising awareness of sustainability issues within pharmacy and medicines, spreading best practice among the profession and collaborative work to encourage the implementation of the recommendations made in our sustainability policies.

- **NHS England Green Pharmacy Project:** RPS is continuing to develop guidance for both community and hospital pharmacies to support them to become more sustainable and in doing so reduce carbon emissions.
 - The RPS has produced a Greener Pharmacy Guide which we have shared with community and hospital pharmacy expert reference group members for review and feedback. This is a comprehensive document detailing exactly what pharmacy settings can do to become more sustainable.
 - On 30 August, RPS held an expert reference group meeting which was attended by a wide range of stakeholders interested in greener pharmacy work from across GB. This included Superintendents, Government representatives, senior healthcare leaders and RPS Members representing community and hospital pharmacy. This focus group generated a large amount of constructive feedback which is now being used to support the writing of the Guide.
 - Once the feedback from the focus groups has been incorporated into the Guide, RPS will put this out to open consultation. This will take place in the Autumn.
 - Alongside the writing of the Guide, RPS is developing a digital toolkit which will support community and hospital pharmacies to understand exactly how much carbon has been saved as a result of them undertaking specific action as detailed in the Guide.
 - Both the Guide and the digital toolkit are expected to be launched in Spring 2024, (subject to discussions with NHS England who are funding the project).
- **UKHACC:** We've continued to attend meetings and support initiatives of the UK Health Alliance on Climate Change. Specific initiatives include:
 - The RPS joined other members of the alliance to call on the Prime to withdraw the decision to approve new licences for oil and gas in the North Sea. The letter highlights that health workers are already witnessing the effects of climate change-induced health issues such as high temperatures, extreme weather, and pollution.
 - Membership of a short life working group to support development of a policy position on biodiversity and health. The policy includes a recommendation on pharmaceuticals in water that aligns to our policy on sustainability:

Recommendation: Increase knowledge and understanding of human and ecological risks caused by the presence of pharmaceutical products in water bodies

A launch event coinciding with a 'Ride for their Lives' cycle through London is scheduled for September 29, where an RPS representative will be on a panel discussion hosted at the Royal Collage of Physicians.

- Blister Pack Recycling: RPS staff arranged to meet with Terracycle, a global recycling company that specialises in hard-to-recycle materials, for an update on the blister pack recycling scheme that was rolled back a couple of years ago. The scheme is up and running with recycle boxes available for community pharmacies and hospitals to purchase. We did highlight the cost could be a barrier for take up, particularly for independent community pharmacies.
- Sustainability at the Senedd (Welsh Parliament): Arrangements are in place for an event in November at the Senedd to highlight to members the links between medicines and climate change, the work pharmacists are doing to limit environmental harm and to raise awareness of the sustainability guidance in development. Expert members will attend including one of the founders of the Ysbyty Gwynedd Green Group and the pharmacist behind the first net zero community pharmacy in Wales.
- RPS Scotland and RCGP Scotland Sustainability Event: On 27 June, RPS Scotland, in conjunction with colleagues at RCGP Scotland hosted an evening reception at 44 Melville Street to celebrate the work that has been done so far across professional bodies and Government to advance the sustainability of healthcare, and in particular, move towards more sustainable prescribing. We were joined at the event by a number of prominent speakers including Jason Leitch, Scotland's National Clinical Director, Alpana Mair of Scottish Government and Gillian MacKay MSP, Scottish Greens Health and Social Carer Spokesperson.
- Scottish Parliamentary Reception on Sustainability: RPS Scotland is planning a Parliamentary Reception at Scottish Parliament in December to raise awareness amongst MSPs of the work RPS is leading on to make prescribing greener. The event is being sponsored by Gillian Mackay MSP.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Overall RAG
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Reporting period			
Risks / issues/			
Project deliverables	Progress summary	Next Steps:	
1.	NHSE green guidance	Undertaking stakeholder engagement	Oen consultation
2.	Partnership working	Collaborating through the UKHACC	ongoing

Advice requested from Board:	none		At risk of not being delivered
			Delayed
			On plan

National Pharmacy Board meeting – 20th September 2023

Title of item	RPS Pharmacogenomics Project
Author of paper	Jenny Allen
Position in organisation	RPS CPhO clinical fellow & Interim Pharmacogenomics Lead
Telephone	
E-mail	Jennifer.allen@rpharms.com
Headline summary of paper	This paper outlines the developments of the RPS pharmacogenomics programme since the last board update
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • A fast-changing policy landscape across Great Britain in this area may risk the project’s success, have an impact on RPS reputation and external relationships. • Capacity pressures
Resource implications	<ul style="list-style-type: none"> • Staff time • Pharmacogenomic lead role

RPS Pharmacogenomics Project

Background (Reason for activity and ambitions)

The board has agreed that focussing on a project dedicated to pharmacogenomics sits firmly under the RPS' vision to put pharmacy at the forefront of healthcare and to become the world leader in the safe and effective use of medicines. It is critical that the RPS leads and support its members and the profession in this advancing area of practice.

RPS aims to deliver an engaging programme for members and the profession working collaboratively with other organisations and professions across GB

Summary of activity /achievements since the last board meeting

- Joined task & finish group to revise and update the Direct to Consumer position statement around genomic testing
- Publication of [blog](#) "Implementing Pharmacogenetics in the NHS: Creating the Best Service for Healthcare Professionals and the Public"
- Continued RPS representation on various external high-level national genomics meetings, including the Workforce group and Genomics Professional Partnerships Group.
- Continued stakeholder networking
- Meeting with Genomics Education Programme to scope potential for delivery of framework for prescribers.
- Handover of lead role.




Next steps

- Explore further opportunities for the RPS to collaborate with other stakeholder organisations/to raise the awareness and profile of the leadership role that pharmacists play in pharmacogenomics and genomics e.g., patient/public engagement, outcomes of the NHSE genomics pharmacy roundtable.
- Continued genomics networking with stakeholders across GB.
- Explore potential to develop RPS pharmacogenomics expert stakeholder group into a RPS pharmacogenomic expert advisory group.
- Support options appraisal for delivery of multidisciplinary prescribing framework.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Jenny Allen		Overall RAG
Reporting period	Q3		
Risks / issues/	Pharmacogenomic Lead Role		
Project deliverables	Progress summary	Next Steps:	
1. Pharmacogenomics awareness and engagement webinar series development	Further webinar with Sir Prof Munir Pirmohamed delivered	Complete	
2. Development of position statement on genomics in collaboration with other pharmacy bodies	Published April 2023	Consider transitioning working group to expert advisory group.	

Advice requested from Board:	For noting only
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 20th September 2023

Title of item	Inclusion and Diversity
Author of paper	Amandeep Doll
Position in organisation	Head of Professional Belonging
Telephone	0207 572 2353
E-mail	Amandeep.doll@rpharms.com
Headline summary of paper	Inclusion and Diversity Update – round up of Q2 and upcoming activity for Q3 2023
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy • Engagement and collaboration with the profession and key stakeholders to complete the I&D programme review survey to identify areas of improvement. • Staff absence and sickness <p>All risks have been mitigated against</p>
Resource implications	RPS Staff Time

Inclusion and Diversity Update

Background

[RPS Improving Inclusion and Diversity across our profession: our strategy for pharmacy 2020 – 2025](#) was launched in June 2020, with a commitment to improving inclusion, diversity and creating a sense of belonging for the whole profession.

Summary of activity to date

1. Parents and Carers Campaign

We continue to raise awareness on this topic and are currently exploring how we can work with our trade union colleagues including Guild of Healthcare Pharmacists (GHP) on raising awareness of the issues highlighted.

2. Address Black students' awarding gap at both undergraduate and post graduate level.

The RPS is leading on the generation of a summary report to establish the current landscape since the initial 2016 GPhC report. This will consider what the RPS and other organisations can do to support the differential attainment awarding gap.

As part of the Inclusive Professional Practice collaboration, we have met with NHS England, GPhC, Pharmacy Schools Council and key stakeholders. We are meeting with a Taskforce in September to ensure actions are taken forward.

We are currently scoping interest in a database of guest diverse lecturers for universities to access. From speaking to pharmacy undergraduates and academics we have been informed of the value of being taught by a diverse range of people.

3. Inclusion and Diversity Programme Review

We are conducting a review of the RPS Inclusion and Diversity programme to determine its impact on the pharmacy workforce and to evaluate how effective the programme has been in meeting its original aims and objectives.

The programme review is being undertaken in 2 workstreams:

- **Workstream 1** The profession wide inclusion and diversity survey was open for 3 weeks with 632 responses, the Science & Research team will be conducting focus groups to explore in depth individual responses. A literature review is also being conducted, with an aim to share initial result at the RPS conference in November.
- **Workstream 2** through completion of the [Diversity and Inclusion Progression Framework 2.0](#) created by the Royal Academy of Engineering and the British Science Council we will assess how well I&D has been embedded internally across our products and internal governance structures to identify what we are doing well and how we can improve.

The final report that will outline the extent to which the programme is fit for purpose and make recommendations on how the programme could be improved going forward

4. Health Inequalities

- a. **Great North Pharmacy Research Conference** – attendance at the conference to deliver a presentation on the importance of considering the principles of inclusion, diversity and equity when addressing health inequalities, whilst engaging with members in the Northeast.
- b. **Advisory Group on Contraception** – attended quarterly meeting supporting women's health.

5. Mapping inclusion and diversity across the GPhC Initial Education Training Standards (IETS)

Each protected characteristics will be mapped to the GPhC IETs to help Schools of Pharmacy embed inclusion and diversity into the curriculum. Working together with academics across GB, we are developing a reference mapping LGBT+ issues across each learning outcome, identifying different ways to embed this into the undergraduate programme and identify resources available. We expect this to be completed by Q1 2024

6. Professional Collaboration

Inclusive Pharmacy Practice - Health Inequalities

RPS, NHSE/I & APTUK [Joint National Plan for Inclusive Pharmacy Professional Practice](#).

Working collaboratively we have delivered the following activity with NHSE/I and APTUK:

- Attendance at Improving Pharmacy Practice and Engagement Group (IPEG) and the IPP Board Meetings
- Contributing to the quarterly IPP newsletter, our early career Scottish and English board members have written a blog on how joining the RPS Early Careers Group has enabled them to stand for RPS national boards.

7. Drumbeat Events and Celebrations

Pride Month (July)

RPS attended Pride in Edinburgh, joined by President of APTUK and Guild of Healthcare Pharmacists, Scottish Board members and Scottish members of the team and Scottish RPS members.

South Asian Heritage Month (18th July to 17th August)

For South Asian Heritage Month members of profession nominated team members from South Asian heritage to showcase their contributions to pharmacy. These profiles have been shared across our social media channels throughout the month.

OPEN BUSINESS

Working in collaboration with Pharmacy Technicians of Colour (PToC), APTUK, Guild of Healthcare Pharmacists (GHP), Female Pharmacy Leaders Network and BPSA we co-hosted a successful South Asian Heritage celebration event at the RPS London office. We had two keynote speakers and a panel discussing the experiences of individuals working within pharmacy and how their heritage has shaped them both personally and professionally.

8. Upcoming drumbeat events:

a. Joint ABCD meeting with APTUK and NAWP

The meeting will be focusing on women's health and how we can better support women in the profession.

b. Black History Month

Working with partners across the profession we will be planning on hosting a Black History month event in October at the RPS London office.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Amandeep Doll		Overall RAG
Reporting period		Quarter 2 &3		
Risks / issues/		<ul style="list-style-type: none"> Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge Staff absence and sickness 		
Project deliverables		Progress summary		Next Steps:
1	To continue to work through the I&D programme review	Supporting with focus groups, promote the survey and start work on the progression framework	Identify key people internally to form a short life working group to complete the progression framework.	
2	Pull together a report to establish the current picture on the differential attainment gap	To continue the work and host a taskforce meeting	Collect and collate the data available and publish a report	

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting –20 September 2023

Title of item	Workforce Wellbeing
Author of paper	Heidi Wright
Position in organisation	Practice and Policy Lead, England
Telephone	02075722299
E-mail	heidi.wright@rpharms.com
Headline summary of paper	To provide an update on Workforce Wellbeing activity (WWB) since the previous board meeting in June 2023
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	RPS, as the professional leadership body, must lead on this important issue for the profession
Resource implications	RPS staff

WORKFORCE WELLBEING

Background

The overarching aim of the RPS workforce wellbeing workstream is to support and improve the wellbeing and mental health of pharmacists, for both the current workforce and future generations.

Since 2019 we have undertaken an annual workforce wellbeing survey in collaboration with Pharmacist Support. Following the results from these surveys we have developed our policy asks and then advocated for change.

Progress has been made in several areas. The RPS have been successful in gaining access to national support for mental health and wellbeing across all three countries. This support was made available to pharmacists and their teams during the pandemic and continues to be available for all to access.

The RPS Inclusion and Wellbeing Pledge supports an environment that is conducive to good workforce wellbeing, and we have developed resources to help the implementation of this, such as a support tool for workforce wellbeing in the workplace.

We have also published blogs that demonstrate ways in which positive workforce wellbeing can be achieved.

Summary of activity /achievements to date

- Publication of joint [position statement](#) on impact of pharmacy workforce wellbeing on patient safety
- Held Workforce Wellbeing Roundtable in collaboration with Pharmacist Support with key stakeholders on 17 May 2023
- Publication of RPS [Protected Learning Time Policy](#) in March 2023
- Ongoing access to nationally funded mental health and wellbeing support for pharmacists and their teams across Great Britain
- Annual Workforce Wellbeing Survey in 2019, 2020, 2021 and 2022
- Analysis of results and production of a report following the surveys (more information at <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>)
- Development of policy asks and advocating for change
- Establishment of Workforce Wellbeing Action group formed from RPS members with an interest in mental health and wellbeing. Had the first

meeting of 2023 with the group and 3 more meetings planned in 2023. Over 190 members signed up to the WWAG

- Development of resources highlighted on [RPS wellbeing hub](#)
- Several blogs to demonstrate Workforce Wellbeing in action
- RPS Inclusion and Wellbeing pledge and ongoing work around the implementation of the pledge
- Wellbeing zone at RPS conference in collaboration with Pharmacist Support

Next steps

- Publication of the WWB roundtable report
- Bringing key stakeholders together again in November / December 2023
- Explore alignment between workforce and workforce wellbeing projects in terms of advocacy and policy asks
- Developing a WWB survey for 2023.
- Continue to work collaboratively with Pharmacist Support, exploring opportunities to undertake joint working and running learning events with them in 2023/24
- Continue to engage with members via the Workforce Wellbeing Action Group (WWAG)
- Continue to engage and collaborate with key stakeholders to advocate for change

Conclusion:

Workforce Wellbeing is a priority for RPS and we will continue to lead and engage in this area

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Workforce Wellbeing	Overall RAG
Reporting period	June 2023 – September 2023	
Risks / issues/	<p>Risk around impact and change based on advocacy and policy not being seen or felt in everyday practice</p> <p>Working with key stakeholders to bring about long-lasting change</p>	

OPEN BUSINESS

Project deliverables		Progress summary	Next Steps:
1.	Continue to engage with key stakeholders	In progress	Undertake to hold another roundtable meeting by the end of 2023
2.	Work with PS to develop a series of learning events for RPS members	In progress	Ongoing regular meetings with PS and wellbeing zone at RPS conference
3.	Develop member WWB survey for 2023	In progress	Draft survey being tested
4.	Analyse survey data and write report	Yet to start	Will be progressed following data collection from survey when survey closes

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 20th September 2023

Title of item	Community Pharmacy Quality Improvement Standards for Palliative and End of Life Care (Daffodil Standards)
Author of paper	Darrell Baker
Position in organisation	Project lead RPS Wales
Telephone	+44 (0) 207 572 2348
E-mail	Darrell.Baker@rpharms.com
Headline summary of paper	Following the launch of the Community Pharmacy Quality Improvement (“Daffodil”) Standards for palliative and end of life care on 22 nd May 2023 (part of a UK-wide partnership project with Marie Curie UK), the project has moved to the implementation phase. With over 450 “sign ups” to date, funding has been agreed to support promotion, implementation and share learning. We are currently developing further support materials.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	Marie Curie UK are funding a contract with RPS for a further 2 years to support the ongoing development and publish supporting materials.

Title-

Community Pharmacy Quality Improvement (“Daffodil”) Standards for Palliative and End of Life Care.

Background (Reason for activity and ambitions)

A fundamental human right is that we have a good end of life experience. This work builds on the accessibility and existing healthcare skills of the community

pharmacy team. It aligns to the established RCGP and Marie Curie 'Daffodil Standards for advanced serious illness and end of life care' for GP Practices. The standards are a blend of quality statements, evidence-based tools, reflective learning exercises and quality improvement steps. They aim to help the whole community pharmacy team self-assess, develop and continuously improve their practice to offer the best end of life and bereavement care for patients and their carers.

A multi-professional steering group helps drive this work forward and the quality improvement standards were launched on 22nd May 2023. With over 450 sign ups already, work is ongoing to engage with key stakeholders, trade organisations and peer influentials to raise awareness and support implementation.

Further development work started or planned for 2023-4 includes

- establishment of a support network of facilitators to work with community pharmacies "on the ground",
- quality improvement project template for Foundation Pharmacists across the UK
- negotiation with key stakeholders to deliver community pharmacy read-write access to patient records
- improve infrastructure for robust access to EOL medicines
- working with Marie Curie to consider the best ways to support improvement in medicines management for EOL care in care homes
- develop and deliver e-learning and face-to-face material to support effective implementation
- geo-mapping to ensure equality of access and to identify collaborative working opportunities with general practice.

Summary of activity /achievements to date

- Regular (fortnightly) core project group meeting held (including Marie Curie UK project manager)
- Key stakeholders (including CPEAG) and steering group member engagement
- First draft standards consulted, re-drafted and published (May 2023)
- Supporting and enabling materials identified and developed
- RPS website developed and information sharing protocol agreed with Marie Curie UK
- Project lead presented at RPS Conference (November 2022), Westminster Health Forum and Marie Curie Research Conference
- Raised political profile through Senedd and Scottish parliament sessions (the latter mid September 2023)
- Joint communications plan ongoing (Spring-Summer 2023)

Next steps

- Ongoing support for sign up and implementation through network of facilitators
- Support for participants including country-specific “blogs” to share experiences and individual journeys
- Stakeholder engagement for community pharmacy read-write access to patient record
- Publicity campaign on infrastructure to support robust access to EOL medicines
- Development of a QI project template for Foundation Pharmacists
- Impact assessment and analysis, with development of a “theory of change”, through an R&D subgroup of the Steering group.
- Patient and public engagement to support implementation and evaluation of work completed.
- Further awareness-raising conference presentations planned.

Conclusion:

Ongoing development project to support improved standards of palliative and end of life care through community pharmacies across the UK. Partnership project with Marie Curie UK and in collaboration with RCGP.

Advice requested from Board:	For noting
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	At risk of not being delivered
	Delayed
√	On plan